

## Glossary

**Abortion:** Purposeful termination of an intrauterine pregnancy with the intention of avoiding a live birth.

**Abortion-to-live birth ratio:** The number of abortions to women aged 15-44 years during a specified period of time divided by the number of live births to women aged 15-44 years during the same time period.

**Age-specific fertility rate (ASFR):** The number of births to women within a specific age group during a specified period of time per 1,000 women aged 15-44; traditionally given for 5-year age groups.

**Age-specific abortion rate (ASAR):** The number of abortions to women within a specific age group during a specified period of time per 1,000 women aged 15-44; traditionally given for 5-year age groups.

**Acquired Immune Deficiency Syndrome (AIDS):** Disease caused by the human immunodeficiency virus (HIV), which disrupts the immune system and leads to death from opportunistic infections.

**Below replacement fertility:** Total fertility rate below that which is necessary to maintain the current size of a population, generally less than 2.1 births per woman.

**CDC:** Centers for Disease Control and Prevention.

**Child mortality rate:** Deaths that occur between exact ages 1 and 5, during a specified time period per 1,000 children aged 1 up to but not including 5 years of age during the same time period.

**Contraceptive effectiveness:** The reduction in pregnancy rate due to the use of a method of contraception compared with

the pregnancy rate expected by chance if not using contraception. Contraceptive failure is the inverse of contraceptive effectiveness.

**Contraceptive prevalence rate (CPR):** Percentage of currently married and in-union women who are using some method of pregnancy prevention (modern or traditional).

**Districts (Rrethet):** Albania is divided into 36 districts.

**Fecund:** Physically capable of becoming pregnant.

**General fertility rate (GFR):** The number of live births to women of all ages during a specified period of time per 1,000 women aged 15-44 years.

**General abortion rate (GAR):** The number of abortions to women of all ages during a specified period of time per 1,000 women aged 15-44 years.

**Human Immunodeficiency Virus (HIV):** Virus which causes AIDS, spread by sexual contact with an infected person, use of needles or blood products contaminated with the virus, and from mother to child during pregnancy, delivery or breastfeeding.

**Household:** one or more persons who share a dwelling and expenses.

**Infant mortality rate (IMR):** Deaths that occur dying in the first year of life (from birth to, but not including 1 year of age), during a specified time period per 1,000 live births during the same time period.

**Infecund:** Physically incapable of becoming pregnant.

INSTAT: National Institute of Statistics, Rruga Leke Dukagjini 5, Tirana, Albania

Intimate partner violence (IPV): Any act of physical, sexual or psychological harm, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or private life, perpetrated against a woman by her male partner.

Institute of Public Health (IPH): Institute of Public Health, Rruga Alexander Moisiu 80, Tirana, Albania.

Kotelchuck Index: Index to measure the adequacy of prenatal care utilization combining the time of initiation of prenatal care with the number of visits.

Low birth weight (LBW): Infant weight at birth of less than 2,500 grams.

Maternal mortality ratio (MMR): Number of women who die of any cause related to or aggravated by pregnancy or its management during a specified period of time per 100,000 live births during the same time period.

Method mix: Percent distribution of methods used by contracepting women, adding up to 100%.

Mistimed pregnancy: An unintended pregnancy that occurs when the woman wants a child at some point in the future.

Modern methods of contraception: Pregnancy prevention by supplied or surgical means including condoms, diaphragms, cervical caps, spermicides, intrauterine devices (IUDs), oral contraceptives, emergency contraception, injectables, patches, implants, male and female sterilization; generally more effective than traditional methods of contraception in preventing pregnancy.

Mother-to-child transmission (MTCT): Refers to ways in which HIV is passed from an HIV-infected mother to her child. These include transmission during pregnancy, during delivery, and through breastfeeding.

Neonatal mortality rate (NNMR): Deaths that occur within the first month of life (from birth to, but not including, 28 days) during a specified time period per 1,000 live births during the same time period.

Permanent method of contraception: Male or female sterilization, also called surgical contraception, which provides permanent and highly effective pregnancy prevention.

Post-neonatal mortality rate (PNMR): The difference between neonatal and infant mortality rates, interpreted as deaths that occur during the post-neonatal period (from 28 days to, but not including, 1 year of age) during a specified time period per 1,000 live births during the same time period.

Rate of natural increase: The birth rate minus the death rate, implying the annual rate of population growth without regard to migration.

Reproductive Health Survey (RHS): Population-based survey of women aged 15–44, and sometimes also men aged 15–49, performed with technical assistance from CDC.

Replacement level fertility: The total fertility rate necessary to maintain the current size of a population, generally 2.1 births per woman.

Reproductive age: Age range during which most women are assumed to be capable of bearing children and contributing significantly to the TFR and CPR; in Reproductive Health Surveys considered to be 15–44 years of age.

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Sexually transmitted infection (STI): Infection spread by sexual contact.

Sub-fecund: Having a diminished capacity of becoming pregnant.

Total fertility rate (TFR): The average number of children that a woman would have during her childbearing years if she passed through those years experiencing the observed age-specific fertility rates (ASFRs); the sum of the ASFRs.

Total abortion rate (TAR): The average number of abortions that a woman would have over the course of her life if she experienced the observed age-specific abortion rates (ASARs); the sum of the ASARs.

Traditional methods of contraception: Pregnancy prevention by means such as periodic abstinence or withdrawal, often considered natural, but generally less effective than modern methods.

Under five mortality rate (Under5MR): Deaths that occur before 5 years of age during a specified period of time per 1,000 live births during the same time period.

UNICEF: United Nations Children's Fund

Unintended pregnancy: A pregnancy is classified as unintended if the woman stated that "just before she got pregnant with that pregnancy" she did not want to have a(another) baby then or at any time in the future" (unwanted pregnancy) or if she wanted to get pregnant at a later time (mistimed pregnancy).

Unmet need for contraception: In the RHS, the percentage of women who are currently sexually active, fecund, not wanting to become pregnant and not currently using any method of contraception.

Unwanted pregnancy: A pregnancy is classified as unwanted if the woman stated that "just before she got pregnant with that pregnancy she did not want to have a(another) baby then or at any time in the future."

Women in union: Women who are currently married or living with a man in a consensual, unregistered union.

Young Adult Reproductive Health Survey (YARHS): Population-based survey of young people aged 15–24 conducted with technical assistance from CDC.



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## APPENDIX A

### SAMPLING ERROR ESTIMATES

The estimates for a sample survey are affected by two types of errors: non-sampling error and sampling error.

Non-sampling error is the result of mistakes made in carrying out data collection and data processing, including the failure to locate and interview the right household, errors in the way questions are asked or understood, and data entry errors. Although intensive quality-control efforts were made during the implementation of the Albania Reproductive Health Survey (ALRHS-02) to minimize this type of error, non-sampling errors are impossible to avoid altogether and difficult to evaluate statistically.

Sampling error is a measure of the variability between an estimate and the true value of the population parameter being estimated, which can be attributed to the fact that a sample rather than a complete enumeration was used to produce it. In other words, sampling error is the difference between the real value for any variable measured in a survey and the value estimated by the survey. The samples selected are only one of the many probability samples that could have been selected from the female population aged 15–44 and the male population 15–49 years of age using the same sample

design and projected sample size. Each of these samples would have yielded slightly different results compared with results from the actual sample selected.

Because the statistics presented here are based on a sample, they may differ by chance variation from the statistics that would result if all women 15–44 years of age or men 15–49 years of age in Albania would have been interviewed. Sampling error is usually measured in terms of the variance and standard error (square root of the variance) for a particular statistic (mean, proportion, or ratio). The standard error (SE) can be used to calculate confidence intervals (CI) of the estimates within which we can say with a given level of certainty that the true value of population parameter lies. For example, for any given statistic calculated from the survey sample, there is a 95 percent probability that the true value of that statistic will lie within a range of plus or minus two SE of the survey estimate. The chances are about 68 out of 100 (about two out of three) that a sample estimate would fall within plus or minus one SE of a statistic obtained from a complete census count or survey of the complete population.

The estimated sampling errors for 95% confidence intervals ( $1.96 \times SE$ ) for selected proportions and sample sizes

are shown in Table A.1. The estimates in Table A.1 can be used to estimate 95% confidence intervals for the estimated proportions shown for each sample size. The sampling error estimates include

an average design effect of 1.6, needed because the ALRHS-02 did not employ a simple random sample but included clusters of elements in the second stage of the sample selection.

**Table A.1**  
**Sampling Error Estimates (Expressed in Percentage Points)**  
**for 95% Confidence Intervals**  
**for Selected Estimated Proportions and Sample Sizes**  
**on Which the Proportions Are Based Assuming a Design Effect of 1.6**

Sample Size	Estimated Proportions (Pi)					
	0.05/0.95	0.10/0.90	0.20/0.80	0.30/0.70	0.40/0.60	0.50/0.50
25	0.108	0.149	0.198	0.227	0.243	0.248
50	0.076	0.105	0.140	0.161	0.172	0.175
100	0.054	0.074	0.099	0.114	0.121	0.124
200	0.038	0.053	0.070	0.080	0.086	0.088
400	0.027	0.037	0.050	0.057	0.061	0.062
800	0.019	0.026	0.035	0.040	0.043	0.044
1000	0.017	0.024	0.031	0.036	0.038	0.039
1500	0.014	0.019	0.026	0.029	0.031	0.032
2000	0.012	0.017	0.022	0.025	0.027	0.028
3000	0.011	0.014	0.020	0.021	0.022	0.023
4000	0.008	0.012	0.016	0.018	0.019	0.020
5000	0.008	0.011	0.014	0.016	0.017	0.018

The selection of clusters is generally characterized by some homogeneity that generally tends to increase the variance of the sample. Thus, the variance in the sample for the ALRHS-02 is greater than a simple random sample would be due to the effect of clustering. The design effect represents the ratio of the two variance estimates: the variance of the complex design using clusters, divided by the variance of a simple

random sample using the same sample size (Kish L, 1967). For more details regarding design effects for specific reproductive health variables, the reader is referred to the Le and Verma report, which studied demographic and health surveys in 48 countries (Le TN and Verma JK, 1997). The pattern of variation of design effects is shown to be consistent across countries and variables. Variation among surveys is

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high but less so among variables. Urban-rural and regional differentials in design effects are small, which can be attributed to the fact that similar sample designs and cluster sizes were used across domains within each country. At the country level, the overall design effect, averaged over all variables and countries, is about 1.5 (we used 1.6 in Table A.1 to be slightly more conservative).

To obtain the 95% CI for proportions or sample sizes not shown in the table, one may interpolate. For example, for a sample size of 200 and a point estimate of 25% (midway between 0.20/0.80 and 0.30/0.70), the 95% CI would be plus or minus 7.5 percentage points; for a sample size of 300 (midway between 200 and 400) and an estimate of 20%, the 95% CI would be plus or minus 6.0 percentage points.

Specific to this report, one could use the table for a quick estimate of the 95% confidence interval for the percentage of women with births in the period from 1997 to 2002 that did not have prenatal care.

According to Table 5.1 in this report, 19.1% of 2,551 births did not have prenatal care. Let us round off the percent with no prenatal care to 20% and the number of births to 2500. Using the table, we look down the column for 0.20 and interpolate halfway between sample sizes of 2000 (0.022) and 3000 (0.020) and estimate the confidence

interval to be 0.021, or roughly between a lower limit of 17.0% and an upper limit of 21.2%. The actual confidence interval is 0.019 or 1.9 percentage points, which yields a lower limit of 17.2% and an upper limit of 21.0%..

Differences between estimates discussed in this report were found to be statistically significant at the five percent level using a two-tailed normal deviate test ( $p=0.05$ ). This means that in repeated samples of the same type and size, a difference as large as the one observed would occur in only 5% of samples if there were, in fact, no differences between the percentage in the population.

The relative standard error of a statistic (also called “coefficient of variation”) is the ratio of the standard error (SE) for that statistic to the value of the statistic. It is usually expressed as a percent of the estimate. Estimates with a relative standard error of 30% or more are generally viewed as unreliable by themselves, but they may be combined with other estimates to make comparisons of greater precision. For example, an estimate of 20% based on a sample size of only 50 observations yields a SE of 7% (one half the 95% confidence interval shown in Table A.1). The relative standard error would be 35% (the ratio of the SE of 7% to the estimate of 20%), too large for the estimate to be reliable.





## APPENDIX B

### PARTICIPANT INSTITUTIONS

<b>Institute of Public Health</b>	<b>Silvia Bino, Survey Director</b> <b>Alban Ylli</b> <b>Manuela Murthi</b> <b>Eduard Kakarriqi</b> <b>Alba Merdani</b> <b>Erieta Dobi</b> <b>Bukurie Gega</b> <b>Dritan Roshi</b> <b>Xhemile Miho</b> <b>Albana Ahmeti</b> <b>Vilson Topulli</b>
<b>Ministry of Health</b>	<b>Leonard Solis, Minister of Health</b> <b>Petrit Vasili</b> <b>Saemira Pino</b> <b>Nedime Ceka</b> <b>Donika Beba</b> <b>Miranda Hysi</b> <b>Nurie Caushi</b>
<b>University Hospital</b>	<b>Gjergji Theodhosi</b>
<b>Institute of Statistics</b>	<b>Milva Ekonomi</b> <b>Bashkim Ramizi</b> <b>Ermiona Kali</b> <b>Abedin Cici</b> <b>Ermira Galanxhi</b> <b>Margarita Caci</b> <b>Myhedin Llagami</b>
<b>USAID/Albania</b>	<b>Rita Hudson</b> <b>Harry Birnholz</b> <b>Pamela Wyville-Staples</b> <b>Zhaneta Shatri</b>
<b>UNFPA</b>	<b>Katy Shroff</b> <b>Manuella Bello</b> <b>Albana Gribo</b> <b>Blendi Cano</b>

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**Roberto Migliorini**

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**Alicia Ruiz**

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**Joan Herold**

**Leo Morris**

**Paul Stupp**

**Ranee Seither**

**Rose Pecoraro**

**Shin Kim**

**Soloman Iyasu**

**Sonia Bowens**

**Stephen McCracken**

**Wyndy Amerson**

**Valerie Haynes Jackson**

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## **Persons Involved In The 2002 Albanian Reproductive Health Survey Field Operations And Supervision**

### **Female Survey Teams**

**Field Work Coordinator: Dritan Dushaj**

	<b>Team I</b>	<b>Team II</b>
<b>Supervisor</b>	<b>Rudina Baboci</b>	<b>Altina Peshkatari</b>
<b>Interviewers:</b>	Ndricime Bulku Ines Kristo Elona Nikolli Rozeta Gjela	Areta Mecaj Daniela Shuke Aferdita Alizoti Majlinda Skenderi

	<b>Team III</b>	<b>Team IV</b>
<b>Supervisor</b>	<b>Oriola Halili</b>	<b>Odeta Hoxhaj</b>
<b>Interviewers:</b>	Brixhilda Gjeka Olsa Refugjati Eliona Mucaj Valbona Dervishi	Esmeralda Dosti Lumnie Doda Suzana Osmani Aida Daci

	<b>Team V</b>
<b>Supervisor</b>	<b>Enkeleida Latifi</b>
<b>Interviewers:</b>	Albana Bregu Enkelejda Ngjelina Jonida Naska Monika Hasani

#### **Back-ups:**

Nekida Jolldachi  
Eriketa Luzi  
Anila Buci  
Julia Mitrushi

### **Male Survey Teams**

**Field Work Coordinator: Euglen Hoxha**

#### **Team VI.**

#### **Team VII.**

**Supervisor: Ilirjan Bashllari**

**Supervisor: Agim Giikopulli**

#### **Interviewers:**

Dritan Mema  
Bledar Pine  
Arti Tarja  
Selim Kacidhe

Lulezim Bardhi  
Emiliano Lazo  
Arjan Boci  
Roland Myhypi

#### **Back-up**

Klodian Vasia

Olsi Abazi

#### **Drivers**

Vladimir Jace  
Alket Simani  
Arjan Zenuni  
Fatmir Koci  
Bashkim Kaci  
Mehmet Becolli  
Maksim Mulellari

# FEMALE QUESTIONNAIRE

Hello. I'm \_\_\_\_\_ from the National Institute of Public Health. We are doing a national survey about the health of women and men in Albania. The purpose of the survey is to collect information that will help us to plan reproductive health services in Albania.

**SIGNATURE OF THE INTERVIEWER**\_\_\_\_\_ **DAY** \_\_\_\_ **MONTH** \_\_\_\_

**MARK IF THE WOMAN AGREES TO BE INTERVIEWED**

**1. YES → CONTINUE**

**2. NO → END OF INTERVIEW**

**TIME STARTED:** \_\_\_\_ : \_\_\_\_ **ID NUMBER** \_\_\_\_\_

100. In what month and year were you born?

100. In what month and year were you born?
- MONTH \_\_\_\_ YEAR \_\_\_\_
- 98 DON'T KNOW
101. How old are you (at last birthday)? YEARS OLD
- 98 DON'T KNOW

102. What is the highest level of education you completed, not counting the current grade you are in?

1. GENERAL SCHOOL	1 2 3 4 5 6 7 8	88
2. THEORETICAL HIGH SCHOOL/ GIMNAZIUM	1 2 3 4	88
3. PROFESSIONAL(VOCATIONAL) SCHOOL	1 2 3 4 5	88
4. TECHNICAL SCHOOL (POSTSECONDARY)	1 2 3	88
5. UNIVERSITY/FACULTY	1 2 3 4 5+	88
6. POST UNIVERSITY/POSTGRADUATE STUDIES	1 2 3 4 5+	88
888. DON'T REMEMBER/ DON'T KNOW		

103. Do you have a high school diploma?

104. Do you currently work outside of the home (at least 20 hours per week)?
1. YES → **GO TO Q106**
  2. YES, BUT ON MATERNITY/PREGNANCY LEAVE → **GO TO Q106**
  3. NO

105. What is the main reason that you are not working at this time?
1. ATTENDING SCHOOL
  2. INTERNAL DISPLACEMENT
  3. LOOKING FOR WORK
  4. LAID OFF
  5. DOES NOT NEED/WANT/LIKE TO WORK
  6. MEDICAL LEAVE
  7. MATERNITY LEAVE
  8. INABILITY TO FIND/AFFORD CHILD CARE
  9. HOMEMAKER
  10. PERMANENT DISABILITY
  11. HUSBAND DOES NOT ALLOW HER TO WORK
  12. PARENTS DO NOT ALLOW HER TO WORK
  13. ODD JOBS (<20 HOURS PER WEEK)
  14. TEMPORARY BACK FROM WORK ABROAD
  20. OTHER (SPECIFY) \_\_\_\_\_
106. I would like to ask you some questions about where you have lived. For most of the time until you were 12 years old, did you live in a town, or in a village?
1. TOWN
  2. VILLAGE
107. In what month and year did you start to live continuously in \_\_\_\_\_ (NAME THE PLACE OF RESIDENCE)?
- MONTH \_\_\_\_\_ YEAR \_\_\_\_\_ 00. ALWAYS, SINCE BIRTH → **GO TO 108**  
88. DON'T REMEMBER
- 107A. Just before you moved here (CURRENT PLACE OF RESIDENCE), did you live in a town, a village, or outside Albania ?
1. A town (URBAN AREA),
  2. A village (RURAL AREA), or
  3. Outside Albania?
108. Are you currently married, not married but living with someone, separated, divorced, widowed, or have you never been married ?
1. MARRIED → **GO TO Q111**
  2. NOT MARRIED BUT LIVING WITH A PARTNER → **GO TO Q111**
  3. SEPARATED → **GO TO Q111**
  4. DIVORCED → **GO TO Q111**
  5. WIDOWED → **GO TO Q111**
  6. NEVER MARRIED
109. Have you ever lived with a boyfriend or partner ? (**LIVING TOGETHER MEANS HAVING A SEXUAL RELATIONSHIP WHILE SHARING THE SAME USUAL ADDRESS.**)
1. YES → **GO TO Q111**
  2. NO
110. If you could choose exactly the number of children to have in your whole life, how many would that be?
- \_\_\_\_\_ CHILDREN
22. AS MANY AS GOD GIVES
  33. AS MANY AS HUSBAND WOULD WANT
  88. NOT SURE/DON'T REMEMBER

**GO TO Q124**

111. How many times have you been married or lived with a man as husband and wife?

TIMES

9. REFUSAL----- → **GO TO Q118**

TIMES	112. In what month and year did you begin living with your... (first, second, third, or fourth) husband/partner?	13. How old was your I, II, III, IV husband/partner when you started to live together?	114. What was the highest grade in school that your I,II,III,IV husband/ partner completed when you got married/started to live together ?	115. What is your current union relationship with your I, II, III, IV, husband/ partner, are you still in the relationship or how did the relationship end?	116. In what month and year did your union with your I,II,III,IV, husband/ partner end?	117. IF:
<b>I</b>	MTH __ YR ____ 88. DON'T KNOW/ REF	-- AGE 88. DK	0. NEVER ATTENDED 1. PRIMARY (1-8) 2. SECONDARY (9-12) 3. VOCATIONAL 4. TECHNICAL SCH. 5. UNIVERSITY 8. UNKNOWN	1. Married → <b>Q117</b> 2. Living with partner → <b>Q117</b> 3. Separated 4. Divorced 5. Widowed	MTH __ YR ____ 88. DON'T KNOW/ REF	<b>Q111=1 GO TO Q118;</b>  <b>ELSE CONTINUE</b>
<b>II</b>	MTH __ YR ____ 88. DON'T KNOW/ REF	-- AGE 88. DK	0. NEVER ATTENDED 1. PRIMARY (1-8) 2. SECONDARY (9-12) 3. VOCATIONAL 4. TECHNICAL SCH. 5. UNIVERSITY 8. UNKNOWN	1. Married → <b>Q117</b> 2. Living with partner → <b>Q117</b> 3. Separated 4. Divorced 5. Widowed	MTH __ YR ____ 88. DON'T KNOW/ REF	<b>Q111=2 GO TO Q118;</b>  <b>ELSE CONTINUE</b>
<b>III</b>	MTH __ YR ____ 88. DON'T KNOW/ REF	-- AGE 88. DK	0. NEVER ATTENDED 1. PRIMARY (1-8) 2. SECONDARY (9-12) 3. VOCATIONAL 4. TECHNICAL SCH. 5. UNIVERSITY 8. UNKNOWN	1. Married → <b>Q117</b> 2. Living with partner → <b>Q117</b> 3. Separated 4. Divorced 5. Widowed	MTH __ YR ____ 88. DON'T KNOW/ REF	<b>Q111=3 GO TO Q118</b>  <b>ELSE CONTINUE</b>
<b>IV</b>	MTH __ YR ____ 88. DON'T KNOW/ REF	-- AGE 88. DK	0. NEVER ATTENDED 1. PRIMARY (1-8) 2. SECONDARY (9-12) 3. VOCATIONAL 4. TECHNICAL SCH. 5. UNIVERSITY 8. UNKNOWN	1. Married → <b>Q117</b> 2. Living with partner → <b>Q117</b> 3. Separated 4. Divorced 5. Widowed	MTH __ YR ____ 88. DON'T KNOW/ REF	<b>GO TO Q118</b>

118. When you first got married/living together as husband and wife did you wish to have any children?

1. YES
2. NO → **GO TO Q120**
8. NOT SURE- → **GO TO Q120**

119. How many children did you wish to have when you first got married?

- \_\_\_ CHILDREN
22. AS MANY AS GOD GIVES
33. AS MANY AS HUSBAND WANTS
88. NOT SURE/DON'T REMEMBER

120. How many children did your husband wish to have when you first got married?

- \_\_\_ CHILDREN
22. AS MANY AS GOD GIVES
33. AS MANY AS RESPONDENT WANTS
77. NEVER DISCUSSED
88. NOT SURE/DON'T REMEMBER

**IF CURRENTLY SEPARATED, DIVORCED OR WIDOWED (Q115\_LAST=3,4,5) GO TO Q124**

121. Is your husband currently employed (either in Albania or abroad)?

1. YES
2. NO
8. DK/REF

122. Since January 1997 has your (current) husband ever worked abroad/outside Albania?

1. YES
2. NO ----- → **GO TO Q124**
8. NUK E DI/REF → **GO TO Q124**

## Appendix C

- 122A. Since January 1997, how many times did he work abroad? \_\_\_\_\_ TIMES
- 122B. Since January 1997, how many months total did he work abroad?  
\_\_\_\_\_ MONTHS
123. When was the last time when he worked outside Albania (**MONTH AND YEAR OF BEGINNING THE TRIP**)?  
\_\_\_\_\_ MONTH \_\_\_\_\_ YEAR 88. DO NOT REMEMBER
- 123A. In what month and year did he return from the last trip (**MONTH AND YEAR OF ENDING THE TRIP**)?  
\_\_\_\_\_ MONTH \_\_\_\_\_ YEAR 77. STILL ABROAD/OUTSIDE ALBANIA  
88. DO NOT REMEMBER
124. More or less how many hours a day do you listen to the radio?  
\_\_\_\_\_ HOURS A DAY 00. NEVER ----- → **GO TO Q128**  
55. DOES NOT HAVE ACCESS TO RADIO → **GO TO Q128**  
77. NOT EVERY DAY  
88. DON'T KNOW
125. What stations do you most often listen to? (**PROBE FOR MORE THAN ONE STATION, DO NOT READ LIST**)
- |                     | <u><b>MENTIONED</b></u> | <u><b>NOT MENTIONED</b></u> |
|---------------------|-------------------------|-----------------------------|
| A. TOP ALBANIA      | 1                       | 2                           |
| B. RADIO TIRANA     | 1                       | 2                           |
| C. CLUB FM          | 1                       | 2                           |
| D. RASH             | 1                       | 2                           |
| D. RASH             | 1                       | 2                           |
| E. STINET           | 1                       | 2                           |
| E. STINET           | 1                       | 2                           |
| F. GOLD MUSIC       | 1                       | 2                           |
| G. ITALIAN STATIONS | 1                       | 2                           |
| H. VOICE OF AMERICA | 1                       | 2                           |
| I. BBC              | 1                       | 2                           |
| J. RADIO PLANET     | 1                       | 2                           |
| K. OTHER _____      | 1                       | 2                           |
126. What types of programs do you most often listen to? (**PROBE FOR MORE THAN ONE PROGRAM, DO NOT READ LIST**)
- |                              | <u><b>MENTIONED</b></u> | <u><b>NOT MENTIONED</b></u> |
|------------------------------|-------------------------|-----------------------------|
| A. NEWS                      | 1                       | 2                           |
| B. SPORTS                    | 1                       | 2                           |
| C. MUSIC                     | 1                       | 2                           |
| D. PLAYS/DRAMAS              | 1                       | 2                           |
| E. CHURCH/RELIGIOUS PROGRAMS | 1                       | 2                           |
| F. WOMEN'S PROGRAMS          | 1                       | 2                           |
| G. HEALTH PROGRAMS           | 1                       | 2                           |
| H. POLITICAL EVENTS          | 1                       | 2                           |
| I. OTHER _____               | 1                       | 2                           |
127. What times do you most often listen to the radio? (**PROBE FOR MORE THAN ONE TIME, DO NOT READ LIST**)
- |                     | <u><b>MENTIONED</b></u> | <u><b>NOT MENTIONED</b></u> |
|---------------------|-------------------------|-----------------------------|
| A. 6-8 AM           | 1                       | 2                           |
| B. 8-10 AM          | 1                       | 2                           |
| C. 10AM-NOON        | 1                       | 2                           |
| D. NOON-2 PM        | 1                       | 2                           |
| E. 2-4 PM           | 1                       | 2                           |
| F. 4-6 PM           | 1                       | 2                           |
| G. 6-8 PM           | 1                       | 2                           |
| H. 8-10 PM          | 1                       | 2                           |
| I. AFTER 10 PM      | 1                       | 2                           |
| J. NO REGULAR TIMES | 1                       | 2                           |



128. More or less how many hours a day do you spend watching television?  
 \_\_\_\_\_ HOURS A DAY  
 00. NEVER----- → GO TO Q132  
 55. DOES NOT HAVE ACCESS TO TV----- → GO TO Q132  
 66. WHEN THE HOUSEHOLD HAS ELECTRICITY  
 77. NOT EVERY DAY  
 88. DON'T KNOW

129. What channels do you most often watch? (PROBE FOR MORE THAN ONE CHANNEL, DO NOT READ LIST)

	<u>MENTIONED</u>	<u>NOT MENTIONED</u>
A. TVSH	1	2
B. TVKLAN	1	2
C. TVA	1	2
D. TVKOHA	1	2
E. VISION PLUS	1	2
F. SHIJAK TV	1	2
G. TELENORBA	1	2
H. TVALBA	1	2
I. CALVIN	1	2
J. TOP CHANNEL	1	2
K. FOREIGN CHANNELS (e.g. CNN, BBC, EURONEWS, RAI)	1	2
L. NESER TV	1	2
M. OTHER _____	1	2

130. What types of programs do you most often watch? (**PROBE FOR MORE THAN ONE PROGRAM, DO NOT READ LIST**)

	MENTIONED	NOT MENTIONED
A. NEWS	1	2
B. COMERCIALS	1	2
C. ENTERTAINMENT PROGRAMS	1	2
D. SERIALS/MOVIES	1	2
E. SPORTS	1	2
F. MUSIC PROGRAMS, VIDEO CLIPS	1	2
G. PLAYS/DRAMAS	1	2
H. CHILDREN'S PROGRAMS	1	2
I. CHURCH/RELIGIOUS PROGRAMS	1	2
J. WOMEN'S PROGRAMS	1	2
K. HEALTH PROGRAMS	1	2
L. POLITICAL EVENTS	1	2
M. OTHER _____	1	2

131. What times do you most often watch television? (**CIRCLE ALL MENTIONED, DO NOT READ LIST**)

	<u>MENTIONED</u>	<u>NOT MENTIONED</u>
A. 6-8 AM	1	2
B. 8-10 AM	1	2
C. 10AM-NOON	1	2
D. NOON-2 PM	1	2
E. 2-4 PM	1	2
F. 4-6 PM	1	2
G. 6-8 PM	1	2
H. 8-10 PM	1	2
I. AFTER 10 PM	1	2
J. NO REGULAR TIMES	1	2

132. How often do you read a newspaper?

1. DAILY/NEARLY EVERY DAY
2. ABOUT 3-4 TIMES PER WEEK
3. ONCE OR TWICE PER WEEK
4. LESS THAN ONCE PER WEEK
5. NEVER/ALMOST NEVER

## II. SEX EDUCATION

The next set of questions is about sex education.

201. Do you think schools should teach courses about human reproduction, contraception, and prevention of sexually transmitted diseases?

1. YES  
2. NO → **GO TO 203**  
8. DK  
9. NR → **GO TO 203**

202. At what year of age should schools begin to teach about? **(READ A-C)**

- |                        |       |                                     |
|------------------------|-------|-------------------------------------|
| A. Human Reproduction? | _____ | 77. SHOULD NOT BE TAUGHT IN SCHOOL. |
| B. Contraception?      | _____ | 88. DK                              |
| C. STD's               | _____ | 99. NR                              |

**GO TO BOX 2-I**

203. Now I want to read some reasons for which one may oppose sex education in school. Please tell me if you agree or don't agree. **(READ A-D)**

	<u>AGREE</u>	<u>DISAGREE</u>	<u>DK</u>	<u>NR</u>
A. Sex education will give adolescents the idea to begin sex earlier	1	2	8	9
B. Sex education should be taught only in the house	1	2	8	9
C. Sex education goes against my religious beliefs	1	2	8	9
D. Teachers do not have enough training to teach such courses	1	2	8	9

### BOX 2-I

**IF RESPONDENT IS 15-24 YEARS OF AGE CONTINUE; IF SHE IS 25-44 YEARS GO TO SECTION III**

204. Before you were 18 years old, did a parent ever talked to you about.....**(READ A-F)**

	<u>YES</u>	<u>NO</u>	<u>DK/DR</u>	<u>REF</u>
A. Menstrual Cycle?	1	2	8	9
B. How Pregnancy Occurs?	1	2	8	9
C. Not Having Sexual Intercourse Before Marriage?	1	2	8	9
D. Methods of Contraception?	1	2	8	9
E. HIV/AIDS?	1	2	8	9
F. Other Sexually Transmitted Diseases?	1	2	8	9

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**READ EACH QUESTION 205-207 FROM THE TABLE FOR EACH TOPIC OF SEX EDUCATION:**

TOPIC	205. Before you were 18 years old, have you ever been taught at school about.? (READ A-G)	206. How old were you when you first were taught at school about...?	207. Who taught you at school about...?
A. Menstrual Cycle	1 YES → <b>GO TO Q206</b> 2 NO → <b>GO TO Q205_B</b> 8 DK → <b>GO TO Q205_B</b> 9 NR → <b>GO TO Q205_B</b>	— —	1 TEACHER 2 DOCTOR/NURSE 3 VOLUNTEER 7 OTHER _____ 8 DON'T REMEMBER
B. Female Reproductive System	1 YES → <b>GO TO Q206</b> 2 NO → <b>GO TO Q205_C</b> 8 DR → <b>GO TO Q205_C</b> 9 NR → <b>GO TO Q205_C</b>	— —	1 TEACHER 2 DOCTOR/NURSE 3 VOLUNTEER 7 OTHER _____ 8 DON'T REMEMBER
C. Male Reproductive System	1 YES → <b>GO TO Q206</b> 2 NO → <b>GO TO Q205_D</b> 8 DR → <b>GO TO Q205_D</b> 9 NR → <b>GO TO Q205_D</b>	— —	1 TEACHER 2 DOCTOR/NURSE 3 VOLUNTEER 7 OTHER _____ 8 DON'T REMEMBER
D. How Pregnancy Occurs	1 YES → <b>GO TO Q206</b> 2 NO → <b>GO TO Q205_E</b> 8 DR → <b>GO TO Q205_E</b> 9 NR → <b>GO TO Q205_E</b>	— —	1 TEACHER 2 DOCTOR/NURSE 3 VOLUNTEER 7 OTHER _____ 8 DON'T REMEMBER
E. Contraceptive Methods	1 YES → <b>GO TO Q206</b> 2 NO → <b>GO TO Q205_F</b> 8 DR → <b>GO TO Q205_F</b> 9 NR → <b>GO TO Q205_F</b>	— —	1 TEACHER 2 DOCTOR/NURSE 3 VOLUNTEER 7 OTHER _____ 8 DON'T REMEMBER
F. HIV/AIDS	1 YES → <b>GO TO Q206</b> 2 NO → <b>GO TO Q205_G</b> 8 DR → <b>GO TO Q205_G</b> 9 NR → <b>GO TO Q205_G</b>	— —	1 TEACHER 2 DOCTOR/NURSE 3 VOLUNTEER 7 OTHER _____ 8 DON'T REMEMBER
G. Other Sexually Transmitted Diseases	1 YES → <b>GO TO Q206</b> 2 NO → <b>GO TO Q208</b> 8 DR → <b>GO TO Q208</b> 9 NR → <b>GO TO Q208</b>	— —	1 TEACHER 2 DOCTOR/NURSE 3 VOLUNTEER 7 OTHER _____ 8 DON'T REMEMBER

208. In your opinion, who or what was the most important source of information you have had about topics related to sexual matters?

- |                     |  |
|---------------------|--|
| 1. MOTHER           | 10. NURSE, MIDWIFE                           |
| 2. FATHER           | 11. TEACHER                                  |
| 3. RELATIVE         | 12. PHARMACIST                               |
| 4. BOYFRIEND        | 13. BOOKS                                    |
| 5. FRIENDS          | 14. NEWSPAPERS, MAGAZINES, BROCHURES, FLYERS |
| 6. CO-WORKER        | 15. RADIO                                    |
| 7. COLLEAGUES, PEER | 16. TV                                       |
| 8. PARTNER/HUSBAND  | 20. OTHER (SPECIFY): _____                   |
| 9. DOCTOR           | 88. DON'T REMEMBER                           |

### **III. FERTILITY/PREGNANCY**

300. Are you currently pregnant?
1. YES
  2. NO → **GO TO Q305**
  3. NOT SURE → **GO TO Q305**
301. How many months pregnant are you now? \_\_\_\_ MONTHS
302. Just before you get pregnant, did you want to get pregnant then, did you want to get pregnant later, or did you not want to get pregnant then or any time in the future?
1. WANTED TO GET PREGNANT THEN
  2. WANTED TO GET PREGNANT LATER
  3. DID NOT WANT THE PREGNANCY THEN OR ANY TIME IN THE FUTURE
  8. NOT SURE
303. Is this your first pregnancy?
1. YES
  2. NO → **GO TO Q307**
  8. NOT SURE
304. Have you ever had a stillbirth, ectopic pregnancy, miscarriage, or an induced abortion?
1. YES → **GO TO PREGNANCY HISTORY, PAGE 9**
  2. NO → **GO TO MODULE IV, PAGE 20**
305. Have you ever been pregnant?
1. YES → **GO TO Q307**
  2. NO
  3. NOT SURE
  4. NEVER HAD SEX → **GO TO MODULE IV, PAGE 20**
306. Have you ever had a stillbirth, ectopic pregnancy, miscarriage, or an induced abortion?
1. YES → **GO TO PREGNANCY HISTORY, PAGE 9**
  2. NO → **GO TO MODULE IV, PAGE 20**
307. Have you ever had any live-born children?
1. YES
  2. NO → **GO TO PREGNANCY HISTORY, PAGE 9**
308. How many living children do you have, including those who do not live with you?
- \_\_\_\_ CHILDREN
309. Have you ever had a child born alive who later died, including those who may have died in the first hours or days after birth?
1. YES
  2. NO → **GO TO PREGNANCY HISTORY, PAGE 9**
310. How many children died? \_\_\_\_ CHILDREN
311. So altogether you had a total of \_\_\_\_ (Q308+Q310) live births?
1. YES
  2. NO → **CHECK Q308 AND Q310 AND MAKE CHANGES IF NECESSARY**

## **PREGNANCY HISTORY**

Now I would like to talk to you about all your pregnancies (not counting the current one). Please, make sure you include all pregnancies, it doesn't matter when they happened or how they ended, whether in a live birth, an abortion, a miscarriage, or a stillbirth. Starting with your most recent pregnancy, please give me the following information:

#	312 How did that pregnancy end?	313 When did that pregnancy end? (month & year)	314 How many weeks or months had you been pregnant when that pregnancy ended?	315 Was the baby a boy or a girl?	316 Is the child still alive?	317 How old was the child when he died? (RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YRS.)	318 <b>IF Q313B &lt; 1997→GO TO NEXT PREGNANCY</b> Just before you get pregnant, did you want to get pregnant then, did you want to get pregnant later, or did you not want to get pregnant then or any time in the future?
<b>1</b>	1. LIVE BIRTH (SINGLE) 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. STILLBIRTH (SINGLE) 5. MULTIPLE STILLBIRTH 6. MISCARRIAGE 7. INDUCED ABORTION 8. MOLAR PREGNANCY 9. ECTOPIC PREGNANCY	A__ MTH B____ YR  98. DK/NR	1. __ WEEKS OR 2. __ MONTHS  888. DK 999. NR/REF <b>IF Q312&gt;3 GO TO Q318</b>	1. BOY 2. GIRL 3. BOTH	1. YES→ <b>Q318</b> 2. NO	1. __ DAYS OR 2. __ MTHS OR 3. __ YEARS 888. DK 999. NR/REF	1. WANTED TO GET PREG. THEN 2. WANTED TO GET PREG. LATER 3. DID NOT WANT PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE
<b>2</b>	1. LIVE BIRTH (SINGLE) 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. STILLBIRTH (SINGLE) 5. MULTIPLE STILLBIRTH 6. MISCARRIAGE 7. INDUCED ABORTION 8. MOLAR PREGNANCY 9. ECTOPIC PREGNANCY	A__ MTH B____ YR  98. DK/NR	1. __ WEEKS OR 2. __ MONTHS  888. DK 999. NR/REF <b>IF Q312&gt;3 GO TO Q318</b>	1. BOY 2. GIRL 3. BOTH	1. YES→ <b>Q318</b> 2. NO	1. __ DAYS OR 2. __ MTHS OR 3. __ YEARS 888. DK 999. NR/REF	1. WANTED TO GET PREG. THEN 2. WANTED TO GET PREG. LATER 3. DID NOT WANT PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE
<b>3</b>	1. LIVE BIRTH (SINGLE) 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. STILLBIRTH (SINGLE) 5. MULTIPLE STILLBIRTH 6. MISCARRIAGE 7. INDUCED ABORTION 8. MOLAR PREGNANCY 9. ECTOPIC PREGNANCY	A__ MTH B____ YR  98. DK/NR	1. __ WEEKS OR 2. __ MONTHS  888. DK 999. NR/REF <b>IF Q312&gt;3 GO TO Q318</b>	1. BOY 2. GIRL 3. BOTH	1. YES→ <b>Q318</b> 2. NO	1. __ DAYS OR 2. __ MTHS OR 3. __ YEARS 888. DK 999. NR/REF	1. WANTED TO GET PREG. THEN 2. WANTED TO GET PREG. LATER 3. DID NOT WANT PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE
<b>4</b>	1. LIVE BIRTH (SINGLE) 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. STILLBIRTH (SINGLE) 5. MULTIPLE STILLBIRTH 6. MISCARRIAGE 7. INDUCED ABORTION 8. MOLAR PREGNANCY 9. ECTOPIC PREGNANCY	A__ MTH B____ YR  98. DK/NR	1. __ WEEKS OR 2. __ MONTHS  888. DK 999. NR/REF <b>IF Q312&gt;3 GO TO Q318</b>	1. BOY 2. GIRL 3. BOTH	1. YES→ <b>Q318</b> 2. NO	1. __ DAYS OR 2. __ MTHS OR 3. __ YEARS 888. DK 999. NR/REF	1. WANTED TO GET PREG. THEN 2. WANTED TO GET PREG. LATER 3. DID NOT WANT PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE

# Appendix C

#	312 How did that pregnancy end?	313 When did that pregnancy end? (month & year)	314 How many weeks or months had you been pregnant when that pregnancy ended?	315 Was the baby a boy or a girl?	316 Is the child still alive?	317 How old was the child when he died? (RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YRS.)	318 <b>IF Q313B &lt; 1997→GO TO NEXT PREGNANCY</b> Just before you get pregnant, did you want to get pregnant then, did you want to get pregnant later, or did you not want to get pregnant then or any time in the future?
5	1. LIVE BIRTH (SINGLE) 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. STILLBIRTH (SINGLE) 5. MULTIPLE STILLBIRTH 6. MISCARRIAGE 7. INDUCED ABORTION 8. MOLAR PREGNANCY 9. ECTOPIC PREGNANCY	A__ MTH B____YR  98. DK/NR	1. __ WEEKS OR 2. __ MONTHS 888. DK 999. NR/REF <b>IF Q312&gt;3 GO TO Q318</b>	1. BOY 2. GIRL 3. BOTH	1. YES→ <b>Q318</b> 2. NO	1. __ __ DAYS OR 2. __ __ MTHS OR 3. __ __ YEARS 888. DK 999. NR/REF	1. WANTED TO GET PREG. THEN 2. WANTED TO GET PREG. LATER 3. DID NOT WANT PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE
6	1. LIVE BIRTH (SINGLE) 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. STILLBIRTH (SINGLE) 5. MULTIPLE STILLBIRTH 6. MISCARRIAGE 7. INDUCED ABORTION 8. MOLAR PREGNANCY 9. ECTOPIC PREGNANCY	A__ MTH B____YR  98. DK/NR	1. __ WEEKS OR 2. __ MONTHS 888. DK 999. NR/REF <b>IF Q312&gt;3 GO TO Q318</b>	1. BOY 2. GIRL 3. BOTH	1. YES→ <b>Q318</b> 2. NO	1. __ __ DAYS OR 2. __ __ MTHS OR 3. __ __ YEARS 888. DK 999. NR/REF	1. WANTED TO GET PREG. THEN 2. WANTED TO GET PREG. LATER 3. DID NOT WANT PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE
7	1. LIVE BIRTH (SINGLE) 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. STILLBIRTH (SINGLE) 5. MULTIPLE STILLBIRTH 6. MISCARRIAGE 7. INDUCED ABORTION 8. MOLAR PREGNANCY 9. ECTOPIC PREGNANCY	A__ MTH B____YR  98. DK/NR	1. __ WEEKS OR 2. __ MONTHS 888. DK 999. NR/REF <b>IF Q312&gt;3 GO TO Q318</b>	1. BOY 2. GIRL 3. BOTH	1. YES→ <b>Q318</b> 2. NO	1. __ __ DAYS OR 2. __ __ MTHS OR 3. __ __ YEARS 888. DK 999. NR/REF	1. WANTED TO GET PREG. THEN 2. WANTED TO GET PREG. LATER 3. DID NOT WANT PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE
8	1. LIVE BIRTH (SINGLE) 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. STILLBIRTH (SINGLE) 5. MULTIPLE STILLBIRTH 6. MISCARRIAGE 7. INDUCED ABORTION 8. MOLAR PREGNANCY 9. ECTOPIC PREGNANCY	A__ MTH B____YR  98. DK/NR	1. __ WEEKS OR 2. __ MONTHS 888. DK 999. NR/REF <b>IF Q312&gt;3 GO TO Q318</b>	1. BOY 2. GIRL 3. BOTH	1. YES→ <b>Q318</b> 2. NO	1. __ __ DAYS OR 2. __ __ MTHS OR 3. __ __ YEARS 888. DK 999. NR/REF	1. WANTED TO GET PREG. THEN 2. WANTED TO GET PREG. LATER 3. DID NOT WANT PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE
9	1. LIVE BIRTH (SINGLE) 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. STILLBIRTH (SINGLE) 5. MULTIPLE STILLBIRTH 6. MISCARRIAGE 7. INDUCED ABORTION 8. MOLAR PREGNANCY 9. ECTOPIC PREGNANCY	A__ MTH B____YR  98. DK/NR	1. __ WEEKS OR 2. __ MONTHS 888. DK 999. NR/REF <b>IF Q312&gt;3 GO TO Q318</b>	1. BOY 2. GIRL 3. BOTH	1. YES→ <b>Q318</b> 2. NO	1. __ __ DAYS OR 2. __ __ MTHS OR 3. __ __ YEARS 888. DK 999. NR/REF	1. WANTED TO GET PREG. THEN 2. WANTED TO GET PREG. LATER 3. DID NOT WANT PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE

#	312 How did that pregnancy end?	313 When did that pregnancy end? (month & year)	314 How many weeks or months had you been pregnant when that pregnancy ended?	315 Was the baby a boy or a girl?	316 Is the child still alive?	317 How old was the child when he died? (RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YRS.)	318 <b>IF Q313B &lt; 1997 → GO TO NEXT PREGNANCY</b> Just before you get pregnant, did you want to get pregnant then, did you want to get pregnant later, or did you not want to get pregnant then or any time in the future?
10	1. LIVE BIRTH (SINGLE) 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. STILLBIRTH (SINGLE) 5. MULTIPLE STILLBIRTH 6. MISCARRIAGE 7. INDUCED ABORTION 8. MOLAR PREGNANCY 9. ECTOPIC PREGNANCY	A__ MTH B____YR  98. DK/NR	1. __ WEEKS OR 2. __ MONTHS  888. DK 999. NR/REF <b>IF Q312&gt;3 GO TO Q318</b>	1. BOY  2. GIRL  3. BOTH	1. YES→Q318  2. NO	1. __ DAYS OR 2. __ MTHS OR 3. __ YEARS 888. DK 999. NR/REF	1. WANTED TO GET PREG. THEN 2. WANTED TO GET PREG. LATER 3. DID NOT WANT PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE
11	1. LIVE BIRTH (SINGLE) 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. STILLBIRTH (SINGLE) 5. MULTIPLE STILLBIRTH 6. MISCARRIAGE 7. INDUCED ABORTION 8. MOLAR PREGNANCY 9. ECTOPIC PREGNANCY	A__ MTH B____YR  98. DK/NR	1. __ WEEKS OR 2. __ MONTHS  888. DK 999. NR/REF <b>IF Q312&gt;3 GO TO Q318</b>	1. BOY  2. GIRL  3. BOTH	1. YES→Q318  2. NO	1. __ DAYS OR 2. __ MTHS OR 3. __ YEARS 888. DK 999. NR/REF	1. WANTED TO GET PREG. THEN 2. WANTED TO GET PREG. LATER 3. DID NOT WANT PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE
12	1. LIVE BIRTH (SINGLE) 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. STILLBIRTH (SINGLE) 5. MULTIPLE STILLBIRTH 6. MISCARRIAGE 7. INDUCED ABORTION 8. MOLAR PREGNANCY 9. ECTOPIC PREGNANCY	A__ MTH B____YR  98. DK/NR	1. __ WEEKS OR 2. __ MONTHS  888. DK 999. NR/REF <b>IF Q312&gt;3 GO TO Q318</b>	1. BOY  2. GIRL  3. BOTH	1. YES→Q318  2. NO	1. __ DAYS OR 2. __ MTHS OR 3. __ YEARS 888. DK 999. NR/REF	1. WANTED TO GET PREG. THEN 2. WANTED TO GET PREG. LATER 3. DID NOT WANT PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE
13	1. LIVE BIRTH (SINGLE) 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. STILLBIRTH (SINGLE) 5. MULTIPLE STILLBIRTH 6. MISCARRIAGE 7. INDUCED ABORTION 8. MOLAR PREGNANCY 9. ECTOPIC PREGNANCY	A__ MTH B____YR  98. DK/NR	1. __ WEEKS OR 2. __ MONTHS  888. DK 999. NR/REF <b>IF Q312&gt;3 GO TO Q318</b>	1. BOY  2. GIRL  3. BOTH	1. YES→Q318  2. NO	1. __ DAYS OR 2. __ MTHS OR 3. __ YEARS 888. DK 999. NR/REF	1. WANTED TO GET PREG. THEN 2. WANTED TO GET PREG. LATER 3. DID NOT WANT PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE
14	1. LIVE BIRTH (SINGLE) 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. STILLBIRTH (SINGLE) 5. MULTIPLE STILLBIRTH 6. MISCARRIAGE 7. INDUCED ABORTION 8. MOLAR PREGNANCY 9. ECTOPIC PREGNANCY	A__ MTH B____YR  98. DK/NR	1. __ WEEKS OR 2. __ MONTHS  888. DK 999. NR/REF <b>IF Q312&gt;3 GO TO Q318</b>	1. BOY  2. GIRL  3. BOTH	1. YES→Q318  2. NO	1. __ DAYS OR 2. __ MTHS OR 3. __ YEARS 888. DK 999. NR/REF	1. WANTED TO GET PREG. THEN 2. WANTED TO GET PREG. LATER 3. DID NOT WANT PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE

# Appendix C

#	<b>312</b> How did that pregnancy end?	<b>313</b> When did that pregnancy end? (month & year)	<b>314</b> How many weeks or months had you been pregnant when that pregnancy ended?	<b>315</b> Was the baby a boy or a girl?	<b>316</b> Is the child still alive?	<b>317</b> How old was the child when he died? (RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YRS.)
<b>15</b>	1. LIVE BIRTH (SINGLE) 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. STILLBIRTH (SINGLE) 5. MULTIPLE STILLBIRTH 6. MISCARRIAGE 7. INDUCED ABORTION 8. MOLAR PREGNANCY 9. ECTOPIC PREGNANCY	A__ MTH B____ YR  98. DK/NR	1. __ WEEKS OR 2. __ MONTHS  888. DK 999. NR/REF  <b>IF Q312&gt;3 GO TO NEXT LINE</b>	1. BOY 2. GIRL 3. BOTH	1. YES→ <b>GO TO THE NEXT PG.</b> 2. NO	1. ____ DAYS OR 2. ____ MTHS OR 3. ____ YEARS 888. DK 999. NR/REF
<b>16</b>	1. LIVE BIRTH (SINGLE) 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. STILLBIRTH (SINGLE) 5. MULTIPLE STILLBIRTH 6. MISCARRIAGE 7. INDUCED ABORTION 8. MOLAR PREGNANCY 9. ECTOPIC PREGNANCY	A__ MTH B____ YR  98. DK/NR	1. __ WEEKS OR 2. __ MONTHS  888. DK 999. NR/REF  <b>IF Q312&gt;3 GO TO NEXT LINE</b>	1. BOY 2. GIRL 3. BOTH	1. YES→ <b>GO TO THE NEXT PG.</b> 2. NO	1. ____ DAYS OR 2. ____ MTHS OR 3. ____ YEARS 888. DK 999. NR/REF
<b>17</b>	1. LIVE BIRTH (SINGLE) 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. STILLBIRTH (SINGLE) 5. MULTIPLE STILLBIRTH 6. MISCARRIAGE 7. INDUCED ABORTION 8. MOLAR PREGNANCY 9. ECTOPIC PREGNANCY	A__ MTH B____ YR  98. DK/NR	1. __ WEEKS OR 2. __ MONTHS  888. DK 999. NR/REF  <b>IF Q312&gt;3 GO TO NEXT LINE</b>	1. BOY 2. GIRL 3. BOTH	1. YES→ <b>GO TO THE NEXT PG.</b> 2. NO	1. ____ DAYS OR 2. ____ MTHS OR 3. ____ YEARS 888. DK 999. NR/REF
<b>18</b>	1. LIVE BIRTH (SINGLE) 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. STILLBIRTH (SINGLE) 5. MULTIPLE STILLBIRTH 6. MISCARRIAGE 7. INDUCED ABORTION 8. MOLAR PREGNANCY 9. ECTOPIC PREGNANCY	A__ MTH B____ YR  98. DK/NR	1. __ WEEKS OR 2. __ MONTHS  888. DK 999. NR/REF  <b>IF Q312&gt;3 GO TO NEXT LINE</b>	1. BOY 2. GIRL 3. BOTH	1. YES→ <b>GO TO THE NEXT PG.</b> 2. NO	1. ____ DAYS OR 2. ____ MTHS OR 3. ____ YEARS 888. DK 999. NR/REF
<b>19</b>	1. LIVE BIRTH (SINGLE) 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. STILLBIRTH (SINGLE) 5. MULTIPLE STILLBIRTH 6. MISCARRIAGE 7. INDUCED ABORTION 8. MOLAR PREGNANCY 9. ECTOPIC PREGNANCY	A__ MTH B____ YR  98. DK/NR	1. __ WEEKS OR 2. __ MONTHS  888. DK 999. NR/REF  <b>IF Q312&gt;3 GO TO NEXT LINE</b>	1. BOY 2. GIRL 3. BOTH	1. YES→ <b>GO TO THE NEXT PG.</b> 2. NO	1. ____ DAYS OR 2. ____ MTHS OR 3. ____ YEARS 888. DK 999. NR/REF



#	<b>312</b> How did that pregnancy end?	<b>313</b> When did that pregnancy end? (month & year)	<b>314</b> How many weeks or months had you been pregnant when that pregnancy ended?	<b>315</b> Was the baby a boy or a girl?	<b>316</b> Is the child still alive?	<b>317</b> How old was the child when he died? (RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YRS.)
<b>20</b>	1. LIVE BIRTH (SINGLE) 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. STILLBIRTH (SINGLE) 5. MULTIPLE STILLBIRTH 6. MISCARRIAGE 7. INDUCED ABORTION 8. MOLAR PREGNANCY 9. ECTOPIC PREGNANCY	A__ MTH  B____YR  98. DK/NR	1. __ WEEKS OR 2. __ MONTHS  888. DK 999. NR/REF  <b>IF Q312&gt;3 GO TO NEXT LINE</b>	1. BOY  2. GIRL  3. BOTH	1. YES→ <b>GO TO THE NEXT PG.</b>  2. NO	1. __ DAYS OR 2. __ MTHS OR 3. __ YEARS 888. DK 999. NR/REF
<b>21</b>	1. LIVE BIRTH (SINGLE) 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. STILLBIRTH (SINGLE) 5. MULTIPLE STILLBIRTH 6. MISCARRIAGE 7. INDUCED ABORTION 8. MOLAR PREGNANCY 9. ECTOPIC PREGNANCY	A__ MTH  B____YR  98. DK/NR	1. __ WEEKS OR 2. __ MONTHS  888. DK 999. NR/REF  <b>IF Q312&gt;3 GO TO NEXT LINE</b>	1. BOY  2. GIRL  3. BOTH	1. YES→ <b>GO TO THE NEXT PG.</b>  2. NO	1. __ DAYS OR 2. __ MTHS OR 3. __ YEARS 888. DK 999. NR/REF
<b>22</b>	1. LIVE BIRTH (SINGLE) 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. STILLBIRTH (SINGLE) 5. MULTIPLE STILLBIRTH 6. MISCARRIAGE 7. INDUCED ABORTION 8. MOLAR PREGNANCY 9. ECTOPIC PREGNANCY	A__ MTH  B____YR  98. DK/NR	1. __ WEEKS OR 2. __ MONTHS  888. DK 999. NR/REF  <b>IF Q312&gt;3 GO TO NEXT LINE</b>	1. BOY  2. GIRL  3. BOTH	1. YES→ <b>GO TO THE NEXT PG.</b>  2. NO	1. __ DAYS OR 2. __ MTHS OR 3. __ YEARS 888. DK 999. NR/REF
<b>23</b>	1. LIVE BIRTH (SINGLE) 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. STILLBIRTH (SINGLE) 5. MULTIPLE STILLBIRTH 6. MISCARRIAGE 7. INDUCED ABORTION 8. MOLAR PREGNANCY 9. ECTOPIC PREGNANCY	A__ MTH  B____YR  98. DK/NR	1. __ WEEKS OR 2. __ MONTHS  888. DK 999. NR/REF  <b>IF Q312&gt;3 GO TO NEXT LINE</b>	1. BOY  2. GIRL  3. BOTH	1. YES→ <b>GO TO THE BOX 3-1</b>  2. NO	1. __ DAYS OR 2. __ MTHS OR 3. __ YEARS 888. DK 999. NR/REF

### BOX 3-1

- **THE FOLLOWING QUESTIONS ARE ONLY FOR PREGNANCIES ENDED BETWEEN 1997–2002**  
**IF THE RESPONDENT HAD AT LEAST ONE LIVE BIRTH, STILLBIRTH OR AN INDUCED ABORTION (Q312=1–5 or 7) THAT ENDED BETWEEN 1997–2002 THEN CONTINUE WITH Q319 ON THE NEXT PAGE;**
- **IF SHE HAD ONLY MISCARRIAGE(S) OR MOLAR PREGNANCY OR ECTOPIC PREGNANCY(IES) (312=6,8,9), GO TO MODULE IV, PAGE 21 AFTER WRITING “0” IN Q319 AND Q338**
- **IF SHE DID NOT HAVE ANY PREGNANCY ENDED IN 1997-2001 (CHECK Q313B), GO TO MODULE IV, PAGE 21 AFTER WRITING “0” IN Q319 AND Q338**

## Appendix C

### 319. HOW MANY INDUCED ABORTIONS DID THE RESPONDENT HAVE BETWEEN JANUARY 1997 AND THE DATE OF THE INTERVIEW (SEE PAGE 9)

**INDUCED ABORTIONS (IF NO INDUCED ABORTIONS GO TO Q338)**

319A. COPY LINE #. FROM PG. TABLE PAGE 19-13	LAST ABORTION ---	NEXT TO LAST AB. ---	SECOND TO LAST AB. ---	THIRD TO LAST AB. ---
320. What was the principal reason that you decided to have this abortion?	1. PREGNANCY WAS LIFE OR HEALTH THREATENING 2. RISK OF BIRTH DEFECTS 3. SOCIOECONOMIC REASONS 4. RESPONDENT DID NOT WANT (ANYMORE) CHILDREN 5. SPACING NEXT PREGNANCY 6. PARTNER DID NOT WANT (ANY) CHILDREN 7. DID NOT HAVE A PARTNER 8. OTHER _____	1. PREGNANCY WAS LIFE OR HEALTH THREATENING 2. RISK OF BIRTH DEFECTS 3. SOCIOECONOMIC REASONS 4. RESPONDENT DID NOT WANT (ANYMORE) CHILDREN 5. SPACING NEXT PREGNANCY 6. PARTNER DID NOT WANT (ANY) CHILDREN 7. DID NOT HAVE A PARTNER 8. OTHER _____	1. PREGNANCY WAS LIFE OR HEALTH THREATENING 2. RISK OF BIRTH DEFECTS 3. SOCIOECONOMIC REASONS 4. RESPONDENT DID NOT WANT (ANYMORE) CHILDREN 5. SPACING NEXT PREGNANCY 6. PARTNER DID NOT WANT (ANY) CHILDREN 7. DID NOT HAVE A PARTNER 8. OTHER _____	1. PREGNANCY WAS LIFE OR HEALTH THREATENING 2. RISK OF BIRTH DEFECTS 3. SOCIOECONOMIC REASONS 4. RESPONDENT DID NOT WANT (ANYMORE) CHILDREN 5. SPACING NEXT PREGNANCY 6. PARTNER DID NOT WANT (ANY) CHILDREN 7. DID NOT HAVE A PARTNER 8. OTHER _____
320A. What was the attitude of the child's father toward you having that abortion?	1. FAVORED 2. OPPOSED 3. NEUTRAL 4. DID NOT KNOW ABOUT IT 8. DO NOT REMEMBER	1. FAVORED 2. OPPOSED 3. NEUTRAL 4. DID NOT KNOW ABOUT IT 8. DO NOT REMEMBER	1. FAVORED 2. OPPOSED 3. NEUTRAL 4. DID NOT KNOW ABOUT IT 8. DO NOT REMEMBER	1. FAVORED 2. OPPOSED 3. NEUTRAL 4. DID NOT KNOW ABOUT IT 8. DO NOT REMEMBER
321. When you got pregnant with this baby, were you using any method of contraception?	1. YES 2. NO → GO TO Q323 8. DK/NR → GO TO Q323	1. YES 2. NO → GO TO Q323 8. DK/NR → GO TO Q323	1. YES 2. NO → GO TO Q323 8. DK/NR → GO TO Q323	1. YES 2. NO → GO TO Q323 8. DK/NR → GO TO Q323
322. What method of contraception was that?	1. PILL 9. INJECTABLES 2. IUD 11. CALENDAR 3. CONDOM 12. WITHDRAWAL 4. CONDOM+SP 13. CAL+WDR 5. CONDM+TRD 20. OTHER 6. SPERMICIDE 88. DR	1. PILL 9. INJECTABLES 2. IUD 11. CALENDAR 3. CONDOM 12. WITHDRAWAL 4. CONDOM+SP 13. CAL+WDR 5. CONDM+TRD 20. OTHER 6. SPERMICIDE 88. DR	1. PILL 9. INJECTABLES 2. IUD 11. CALENDAR 3. CONDOM 12. WITHDRAWAL 4. CONDOM+SP 13. CAL+WDR 5. CONDM+TRD 20. OTHER 6. SPERMICIDE 88. DR	1. PILL 9. INJECTABLES 2. IUD 11. CALENDAR 3. CONDOM 12. WITHDRAWAL 4. CONDOM+SP 13. CAL+WDR 5. CONDM+TRD 20. OTHER 6. SPERMICIDE 88. DR
323. Before this abortion, did you have an ultrasound exam of the pregnancy?	1. YES 2. NO → GO TO Q325 8. DK/NR → GO TO Q325	1. YES 2. NO → GO TO Q325 8. DK/NR → GO TO Q325	1. YES 2. NO → GO TO Q325 8. DK/NR → GO TO Q325	1. YES 2. NO → GO TO Q325 8. DK/NR → GO TO Q325
324. Did you find out the gender of the baby after the ultrasound?	1. YES 2. NO 8. DON'T KNOW/ DR	1. YES 2. NO 8. DON'T KNOW/ DR	1. YES 2. NO 8. DON'T KNOW/ DR	1. YES 2. NO 8. DON'T KNOW/ DR
325. Where was that abortion performed?	1. HOSPITAL/ MATERNITY 2. PRIVATE CLINIC/OFFICE 3. RESPONDENT'S HOME 4. DOCTOR'S HOME 5. AT HOME AND HOSP. 7. OTHER	1. HOSPITAL/ MATERNITY 2. PRIVATE CLINIC/OFFICE 3. RESPONDENT'S HOME 4. DOCTOR'S HOME 5. AT HOME AND HOSP. 7. OTHER	1. HOSPITAL/ MATERNITY 2. PRIVATE CLINIC/OFFICE 3. RESPONDENT'S HOME 4. DOCTOR'S HOME 5. AT HOME AND HOSP. 7. OTHER	1. HOSPITAL/ MATERNITY 2. PRIVATE CLINIC/OFFICE 3. RESPONDENT'S HOME 4. DOCTOR'S HOME 5. AT HOME AND HOSP. 7. OTHER
326. Who performed that abortion?	1. OB/GYN 2. OTHER PHYSICIAN 3. NURSE/MIDWIFE 4. LAY PERSON 5. SELF-INDUCED 8. DON'T KNOW/ DR	1. OB/GYN 2. OTHER PHYSICIAN 3. NURSE/MIDWIFE 4. LAY PERSON 5. SELF-INDUCED 8. DON'T KNOW/ DR	1. OB/GYN 2. OTHER PHYSICIAN 3. NURSE/MIDWIFE 4. LAY PERSON 5. SELF-INDUCED 8. DON'T KNOW/ DR	1. OB/GYN 2. OTHER PHYSICIAN 3. NURSE/MIDWIFE 4. LAY PERSON 5. SELF-INDUCED 8. DON'T KNOW/ DR
327. What method was used?	1. D&C 2. VACUUM ASPIRATION 3. OXITOCIN 4. CATHETER 7. OTHER _____ 8. DON'T KNOW/ DR	1. D&C 2. VACUUM ASPIRATION 3. OXITOCIN 4. CATHETER 7. OTHER _____ 8. DON'T KNOW/ DR	1. D&C 2. VACUUM ASPIRATION 3. OXITOCIN 4. CATHETER 7. OTHER _____ 8. DON'T KNOW/ DR	1. D&C 2. VACUUM ASPIRATION 3. OXITOCIN 4. CATHETER 7. OTHER _____ 8. DON'T KNOW/ DR
CONTINUE ON NEXT PAGE				

	LAST ABORTION	NEXT TO LAST AB.	SECOND TO LAST AB.	THIRD TO LAST AB.
328. How much did you pay for that abortion, including gifts or money given to the doctor?	<div> <div>LEKI</div> <div>0 0 0 0 NO CHARGE</div> <div>7 7 7 7 ONLY GIFTS</div> <div>8 8 8 8 DK</div> </div>	<div> <div>LEKI</div> <div>0 0 0 0 NO CHARGE</div> <div>7 7 7 7 ONLY GIFTS</div> <div>8 8 8 8 DK</div> </div>	<div> <div>LEKI</div> <div>0 0 0 0 NO CHARGE</div> <div>7 7 7 7 ONLY GIFTS</div> <div>8 8 8 8 DK</div> </div>	<div> <div>LEKI</div> <div>0 0 0 0 NO CHARGE</div> <div>7 7 7 7 ONLY GIFTS</div> <div>8 8 8 8 DK</div> </div>
329. Did you have any local or intravenous anesthesia for that abortion? By local anesthesia we mean an injection in the uterus opening.	1. LOCAL (UTERINE CERVIX) 2. INTRAVENOUS 3. NEITHER LOCAL NOR IV 8. DK/DR	1. LOCAL (UTERINE CERVIX) 2. INTRAVENOUS 3. NEITHER LOCAL NOR IV 8. DK/DR	1. LOCAL (UTERINE CERVIX) 2. INTRAVENOUS 3. NEITHER LOCAL NOR IV 8. DK/DR	1. LOCAL (UTERINE CERVIX) 2. INTRAVENOUS 3. NEITHER LOCAL NOR IV 8. DK/DR
330. Did you take any antibiotics after that abortion?	1. YES 2. NO 8. NOT REMEMBER	1. YES 2. NO 8. NOT REMEMBER	1. YES 2. NO 8. NOT REMEMBER	1. YES 2. NO 8. NOT REMEMBER
331. Within 30 days after that abortion did you have any health problems as a result of that abortion?	1. YES 2. NO → GO TO Q333	1. YES 2. NO → GO TO Q333	1. YES 2. NO → GO TO Q333	1. YES 2. NO → GO TO Q333
332. Did you have one of the following problems: (READ A-F)	<div> <div>YES NO</div> <div>A. Perforation 1 2</div> <div>B. Severe Bleeding 1 2</div> <div>C. Fever &gt;38 °C 1 2</div> <div>D. Purulent Discharge 1 2</div> <div>E. Belly Pain 1 2</div> <div>F. Other 1 2</div> </div>	<div> <div>YES NO</div> <div>A. Perforation 1 2</div> <div>B. Severe Bleeding 1 2</div> <div>C. Fever &gt;38 °C 1 2</div> <div>D. Purulent Discharge 1 2</div> <div>E. Belly Pain 1 2</div> <div>F. Other 1 2</div> </div>	<div> <div>YES NO</div> <div>A. Perforation 1 2</div> <div>B. Severe Bleeding 1 2</div> <div>C. Fever &gt;38 °C 1 2</div> <div>D. Purulent Discharge 1 2</div> <div>E. Belly Pain 1 2</div> <div>F. Other 1 2</div> </div>	<div> <div>YES NO</div> <div>A. Perforation 1 2</div> <div>B. Severe Bleeding 1 2</div> <div>C. Fever &gt;38 °C 1 2</div> <div>D. Purulent Discharge 1 2</div> <div>E. Belly Pain 1 2</div> <div>F. Other 1 2</div> </div>
333. How many nights did you spend in the hospital after that abortion (+re-admissions during the first month)?	<div> <div>NIGHTS</div> <div>88 DK</div> </div>	<div> <div>NIGHTS</div> <div>88 DK</div> </div>	<div> <div>NIGHTS</div> <div>88 DK</div> </div>	<div> <div>NIGHTS</div> <div>88 DK</div> </div>
334. Did you have any related health problems more than 6 months later as a result of that abortion?	1. YES 2. NO → Q336 3. NOT YET 6 MTH. → Q336 8. DON'T REMEMBER → Q336	1. YES 2. NO → Q336 3. NOT YET 6 MTH. → Q336 8. DON'T REMEMBER → Q336	1. YES 2. NO → Q336 3. NOT YET 6 MTH. → Q336 8. DON'T REMEMBER → Q336	1. YES 2. NO → Q336 3. NOT YET 6 MTH. → Q336 8. DON'T REMEMBER → Q336
335. What was the most important health problem?	1. BELLY PAIN 2. STERILITY 3. INFECTION 4. LACK OF MENSES 5. IRREGULAR BLEEDING 6. MORE PAINFUL PERIODS 7. OTHER	1. BELLY PAIN 2. STERILITY 3. INFECTION 4. LACK OF MENSES 5. IRREGULAR BLEEDING 6. MORE PAINFUL PERIODS 7. OTHER	1. BELLY PAIN 2. STERILITY 3. INFECTION 4. LACK OF MENSES 5. IRREGULAR BLEEDING 6. MORE PAINFUL PERIODS 7. OTHER	1. BELLY PAIN 2. STERILITY 3. INFECTION 4. LACK OF MENSES 5. IRREGULAR BLEEDING 6. MORE PAINFUL PERIODS 7. OTHER
336. Either before or after the most recent abortion, did a doctor talk to you about contraception?	1. YES, BEFORE ABORTION 2. YES, AFTER ABORTION 3. YES, BEFORE & AFTER 4. NO → GO TO Q337A	1. YES, BEFORE ABORTION 2. YES, AFTER ABORTION 3. YES, BEFORE & AFTER 4. NO → GO TO Q337A	1. YES, BEFORE ABORTION 2. YES, AFTER ABORTION 3. YES, BEFORE & AFTER 4. NO → GO TO Q337A	1. YES, BEFORE ABORTION 2. YES, AFTER ABORTION 3. YES, BEFORE & AFTER 4. NO → GO TO Q337A
337. After that abortion, did you receive a method of contraception or prescription for a method?	1. RECEIVED A METHOD 2. RECEIVED PRESCRIPTION 3. NO METHOD OR PRESCR. 8. DON'T REMEMBER	1. RECEIVED A METHOD 2. RECEIVED PRESCRIPTION 3. NO METHOD OR PRESCR. 8. DON'T REMEMBER	1. RECEIVED A METHOD 2. RECEIVED PRESCRIPTION 3. NO METHOD OR PRESCR. 8. DON'T REMEMBER	1. RECEIVED A METHOD 2. RECEIVED PRESCRIPTION 3. NO METHOD OR PRESCR. 8. DON'T REMEMBER
337A. After that abortion, did a doctor or nurse refer you to a Family Planning cabinet?	1. YES 2. NO 8. DON'T REMEMBER	1. YES 2. NO 8. DON'T REMEMBER	1. YES 2. NO 8. DON'T REMEMBER	1. YES 2. NO 8. DON'T REMEMBER

## Appendix C

338. **HOW MANY BIRTHS HAS THE RESPONDENT HAD BETWEEN JANUARY 1997 AND PRESENT (SEE PG. 11-15)**

1. LIVE BIRTHS

2. STILLBIRTHS \_\_\_\_ (IF NO LIVE BIRTH OR STILLBIRTH GO TO MODULE IV PAGE 21)

339. COPY LINE #. FROM PREGNANCY TABLE PAGE 9-13	LAST BIRTH _____	NEXT TO LAST BIRTH _____	SECOND TO LAST BIRTH _____																																																																																	
340. During the 6 mths before you found out you were pregnant, how many cigarettes did you smoke a day, on average?	0. NONE → <b>GO TO Q342</b> 1. 1-4 (JUST A FEW ) 2. 5-10 CIGARETTES (OR ½ PACK) 3. 11 + (MORE THAN ½ PACK) 8. DON'T REMEMBER → <b>GO TO Q342</b>	0. NONE → <b>GO TO Q342</b> 1. 1-4 (JUST A FEW ) 2. 5-10 CIGARETTES (OR ½ PACK) 3. 11 + (MORE THAN ½ PACK) 8. DON'T REMEMBER → <b>GO TO Q342</b>	0. NONE → <b>GO TO Q342</b> 1. 1-4 (JUST A FEW ) 2. 5-10 CIGARETTES (OR ½ PACK) 3. 11 + (MORE THAN ½ PACK) 8. DON'T REMEMBER → <b>GO TO Q342</b>																																																																																	
341. On the average, how many cigarettes did you smoke per day after you found out that you were pregnant?	0. NONE 1. 1-4 (JUST A FEW ) 2. 5-10 CIGARETTES (OR ½ PACK) 3. 11 + (MORE THAN ½ PACK) 8. DON'T REMEMBER	0. NONE 1. 1-4 (JUST A FEW ) 2. 5-10 CIGARETTES (OR ½ PACK) 3. 11 + (MORE THAN ½ PACK) 8. DON'T REMEMBER	0. NONE 1. 1-4 (JUST A FEW ) 2. 5-10 CIGARETTES (OR ½ PACK) 3. 11 + (MORE THAN ½ PACK) 8. DON'T REMEMBER																																																																																	
342. How many times per week did you drink alcoholic beverages during that pregnancy?	1. 4 TIMES OR MORE /ALMOST DAILY 2. 1-3 TIMES 3. LESS THAN ONCE PER WEEK 4. NEVER	1. 4 TIMES OR MORE /ALMOST DAILY 2. 1-3 TIMES 3. LESS THAN ONCE PER WEEK 4. NEVER	1. 4 TIMES OR MORE /ALMOST DAILY 2. 1-3 TIMES 3. LESS THAN ONCE PER WEEK 4. NEVER																																																																																	
343. When you got pregnant with this baby, were you using any method of contraception?	1. YES 2. NO → GO TO Q345 8. DON'T REMEMBER → GO TO Q345	1. YES 2. NO → GO TO Q345 8. DON'T REMEMBER → GO TO Q345	1. YES 2. NO → GO TO Q345 8. DON'T REMEMBER → GO TO Q345																																																																																	
344. What method of contraception was that?	1. PILL 2. IUD 3. CONDOM 4. CONDOM+SP 5. CONDM+TRAD 6. SPERMICIDES 9. INJECTABLES 11. CALENDAR 12. WITHDRAWAL 13. CAL+WDR 20. OTHER _____ 88. DR	1. PILL 2. IUD 3. CONDOM 4. CONDOM+SP 5. CONDM+TRAD 6. SPERMICIDES 9. INJECTABLES 11. CALENDAR 12. WITHDRAWAL 13. CAL+WDR 20. OTHER _____ 88. DR	1. PILL 2. IUD 3. CONDOM 4. CONDOM+SP 5. CONDM+TRAD 6. SPERMICIDES 9. INJECTABLES 11. CALENDAR 12. WITHDRAWAL 13. CAL+WDR 20. OTHER _____ 88. DR																																																																																	
345. How many weeks or months pregnant were you when you learned that you were pregnant that time?	1. _____ WEEKS OR 2. _____ MONTHS 888 DK/DR	1. _____ WEEKS OR 2. _____ MONTHS 888 DK/DR	1. _____ WEEKS OR 2. _____ MONTHS 888 DK/DR																																																																																	
346. During that pregnancy, did you have any prenatal care visits?	1. YES 2. NO → <b>GO TO Q355</b> 8. DON'T REMEMBER → <b>GO TO Q355</b>	1. YES 2. NO → <b>GO TO Q355</b> 8. DON'T REMEMBER → <b>GO TO Q355</b>	1. YES 2. NO → <b>GO TO Q355</b> 8. DON'T REMEMBER → <b>GO TO Q355</b>																																																																																	
347. How many weeks or months pregnant were you at the time of your first prenatal care visit?	1. _____ WEEKS OR 2. _____ MONTHS 888 DK/DR	1. _____ WEEKS OR 2. _____ MONTHS 888 DK/DR	1. _____ WEEKS OR 2. _____ MONTHS 888 DK/DR																																																																																	
348. How many prenatal visits did you have during that pregnancy?	_____ VISITS 88. DK 99. REF	_____ VISITS 88. DK 99. REF	_____ VISITS 88. DK 99. REF																																																																																	
349. Where did you receive most of the prenatal care visits?	1. HEALTH POST ("AMBULANTZA") 2. RURAL/URBAN HEALTH CENTER 3. POLICLINIC 4. DISTRICT MATERNITY/HOSPITAL 5. TIRANA MATERNITY 6. PRIVATE CLINIC 7. AT HOME 8. OTHER _____	1. HEALTH POST ("AMBULANTZA") 2. RURAL/URBAN HEALTH CENTER 3. POLICLINIC 4. DISTRICT MATERNITY/HOSPITAL 5. TIRANA MATERNITY 6. PRIVATE CLINIC 7. AT HOME 8. OTHER _____	1. HEALTH POST ("AMBULANTZA") 2. RURAL/URBAN HEALTH CENTER 3. POLICLINIC 4. DISTRICT MATERNITY/HOSPITAL 5. TIRANA MATERNITY 6. PRIVATE CLINIC 7. AT HOME 8. OTHER _____																																																																																	
350. Who provided most of the prenatal care?	1. GENERAL PRACTITIONER 2. OB/GYN 3. NURSE/MIDWIFE 7. OTHER _____	1. GENERAL PRACTITIONER 2. OB/GYN 3. NURSE/MIDWIFE 7. OTHER _____	1. GENERAL PRACTITIONER 2. OB/GYN 3. NURSE/MIDWIFE 7. OTHER _____																																																																																	
351. During those visits, did you receive any information about: (READ A-H):	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr><td>A. Nutrition</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>B. Smoking during Pregnancy</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>C. Drinking Alcohol during Pg.</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>D. Breastfeeding</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>E. Delivery</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>F. Contraception</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>G. Warning Signs of Pg Complic</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>H. Postnatal Care</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> </tbody> </table>		YES	NO	A. Nutrition	1	2	B. Smoking during Pregnancy	1	2	C. Drinking Alcohol during Pg.	1	2	D. Breastfeeding	1	2	E. Delivery	1	2	F. Contraception	1	2	G. Warning Signs of Pg Complic	1	2	H. Postnatal Care	1	2	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr><td>A. Nutrition</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>B. Smoking during Pregnancy</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>C. Drinking Alcohol during Pg.</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>D. Breastfeeding</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>E. Delivery</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>F. Contraception</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>G. Warning Signs of Pg Complic</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>H. Postnatal Care</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> </tbody> </table>		YES	NO	A. Nutrition	1	2	B. Smoking during Pregnancy	1	2	C. Drinking Alcohol during Pg.	1	2	D. Breastfeeding	1	2	E. Delivery	1	2	F. Contraception	1	2	G. Warning Signs of Pg Complic	1	2	H. Postnatal Care	1	2	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr><td>A. Nutrition</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>B. Smoking during Pregnancy</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>C. Drinking Alcohol during Pg.</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>D. Breastfeeding</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>E. Delivery</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>F. Contraception</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>G. Warning Signs of Pg Complic</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>H. Postnatal Care</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> </tbody> </table>		YES	NO	A. Nutrition	1	2	B. Smoking during Pregnancy	1	2	C. Drinking Alcohol during Pg.	1	2	D. Breastfeeding	1	2	E. Delivery	1	2	F. Contraception	1	2	G. Warning Signs of Pg Complic	1	2	H. Postnatal Care	1	2
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	LAST BIRTH	NEXT TO LAST BIRTH	SECOND TO LAST BIRTH
	YES NO	YES NO	YES NO
352. During this pregnancy, were any of the following done at least once: A. Were you weighed? B. Was your height measured? C. Did you give a urine sample? D. Did you give a blood sample?	A. WEIGHT 1 2 B. HEIGHT 1 2 C. URINE SAMPLE 1 2 D. BLOOD SAMPLE 1 2	A. WEIGHT 1 2 B. HEIGHT 1 2 C. URINE SAMPLE 1 2 D. BLOOD SAMPLE 1 2	A. WEIGHT 1 2 B. HEIGHT 1 2 C. URINE SAMPLE 1 2 D. BLOOD SAMPLE 1 2
353. During those visits, did you have your blood pressure measured?	1. YES 2. NO → GO Q355 8. DON'T REMEMBER → GO TO Q355	1. YES 2. NO → GO Q355 8. DON'T REMEMBER → GO TO Q355	1. YES 2. NO → GO Q355 8. DON'T REMEMBER → GO TO Q355
354. During those visits, were you ever told that you have high blood pressure?	1. YES 2. NO 8. DON'T REMEMBER	1. YES 2. NO 8. DON'T REMEMBER	1. YES 2. NO 8. DON'T REMEMBER
355. Did you have an ultrasound (US) exam during that pregnancy?	1. YES 2. NO → GO TO Q357 8. DON'T REMEMBER → GO TO Q357	1. YES 2. NO → GO TO Q357 8. DON'T REMEMBER → GO TO Q357	1. YES 2. NO → GO TO Q357 8. DON'T REMEMBER → GO TO Q357
356. How many weeks or months pregnant were you at the time of your first US?	1. ____ WEEKS OR 2. ____ MONTHS 888 DK/DR	1. ____ WEEKS OR 2. ____ MONTHS 888 DK/DR	1. ____ WEEKS OR 2. ____ MONTHS 888 DK/DR
357. During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus (convulsions after birth)?	1. YES 2. NO 8. DON'T REMEMBER	1. YES 2. NO 8. DON'T REMEMBER	1. YES 2. NO 8. DON'T REMEMBER
358. During this pregnancy, have you taken any iron supplements (iron tablets, injection or iron syrup)?	1. YES 2. NO → GO TO Q360 8. DON'T REMEMBER → GO TO Q360	1. YES 2. NO → GO TO Q360 8. DON'T REMEMBER → GO TO Q360	1. YES 2. NO → GO TO Q360 8. DON'T REMEMBER → GO TO Q360
358A. In what week or month of pregnancy did you start taking iron supplements?	1. ____ WEEKS OR 2. ____ MONTHS 888 DK/DR	1. ____ WEEKS OR 2. ____ MONTHS 888 DK/DR	1. ____ WEEKS OR 2. ____ MONTHS 888 DK/DR
359. How often did you take iron supplements?	1. EVERY DAY 2. SEVERAL TIMES PER WEEK 3. ONCE A WEEK 4. LESS THAN ONCE A WEEK 8. DK/DR	1. EVERY DAY 2. SEVERAL TIMES PER WEEK 3. ONCE A WEEK 4. LESS THAN ONCE A WEEK 8. DK/DR	1. EVERY DAY 2. SEVERAL TIMES PER WEEK 3. ONCE A WEEK 4. LESS THAN ONCE A WEEK 8. DK/DR
360. During that pregnancy, did you have any complications that required medical attention?	1. YES 2. NO → GO TO Q364 8. DON'T REMEMBER → GO TO Q364	1. YES 2. NO → GO TO Q364 8. DON'T REMEMBER → GO TO Q364	1. YES 2. NO → GO TO Q364 8. DON'T REMEMBER → GO TO Q364
361. What complications did you have? Did you have:  (READ EACH CONDITION FROM A-K)	YES NO A. Weak Cervix 1 2 B. Bleeding During First 6 Mth 1 2 C. Bleeding at 6 Mths or More 1 2 D. High BP Related to Preg. 1 2 E. Diabetes Related to Preg. 1 2 F. Water Retention or Edema 1 2 G. Anemia Related to Preg. 1 2 H. Urinary Tract Infection 1 2 I. Risk of Preterm Delivery 1 2 J. Rh Isoimmunization 1 2 K. Other 1 2	YES NO A. Weak Cervix 1 2 B. Bleeding During First 6 Mth 1 2 C. Bleeding at 6 Mths or More 1 2 D. High BP Related to Preg. 1 2 E. Diabetes Related to Preg. 1 2 F. Water Retention or Edema 1 2 G. Anemia Related to Preg. 1 2 H. Urinary Tract Infection 1 2 I. Risk of Preterm Delivery 1 2 J. Rh Isoimmunization 1 2 K. Other 1 2	YES NO A. Weak Cervix 1 2 B. Bleeding During First 6 Mth 1 2 C. Bleeding at 6 Mths or More 1 2 D. High BP Related to Preg. 1 2 E. Diabetes Related to Preg. 1 2 F. Water Retention or Edema 1 2 G. Anemia Related to Preg. 1 2 H. Urinary Tract Infection 1 2 I. Risk of Preterm Delivery 1 2 J. Rh Isoimmunization 1 2 K. Other 1 2
362. Not including the delivery, how many times were you hospitalized for pregnancy complications?	____ TIMES 00. NEVER HOSP. 88. DK/DR IF "00" GO TO Q364	____ TIMES 00. NEVER HOSP. 88. DK/DR IF "00" GO TO Q364	____ TIMES 00. NEVER HOSP. 88. DK/DR IF "00" GO TO Q364
363. Altogether, how many nights were you in the hospital for these complications?	____ NIGHTS 85. 85+ NIGHTS 88. DK/DR	____ NIGHTS 85. 85+ NIGHTS 88. DK/DR	____ NIGHTS 85. 85+ NIGHTS 88. DK/DR
364. Where did you give birth to this baby?	1. DISTRICT MATERNITY HOSPITAL 2. TIRANA MATERNITY 3. PRIVATE CLINIC/HOSPITAL 4. BIRTH HOUSE/HEALTH CENTER 5. AT HOME → Q370 6. ON THE WAY TO HOSP. → Q366	1. DISTRICT MATERNITY HOSPITAL 2. TIRANA MATERNITY 3. PRIVATE CLINIC/HOSPITAL 4. BIRTH HOUSE/HEALTH CENTER 5. AT HOME → Q370 6. ON THE WAY TO HOSP. → Q366	1. DISTRICT MATERNITY HOSPITAL 2. TIRANA MATERNITY 3. PRIVATE CLINIC/HOSPITAL 4. BIRTH HOUSE/HEALTH CENTER 5. AT HOME → Q370 6. ON THE WAY TO HOSP. → Q366
365. How many hours before delivery were you admitted to the place where you gave birth?	____ HOURS 85. 85+ HOURS 88. DK/DR	____ HOURS 85. 85+ HOURS 88. DK/DR	____ HOURS 85. 85+ HOURS 88. DK/DR

## Appendix C

	LAST BIRTH	NEXT TO LAST BIRTH	SECOND TO LAST BIRTH
366. How many nights were you in that place after delivery?	____ NIGHTS    85. 85+ NIGHTS 88. DK/DR	____ NIGHTS    85. 85+ NIGHTS 88. DK/DR	____ NIGHTS    85. 85+ NIGHTS 88. DK/DR
367. Where was your husband or partner at the time of delivery, was he: (READ 1- 4)	1. In the Delivery Room, 2. At the Hospital/clinic, 3. At Home or with friends 4. At Work 5. Travelling 8. DK/DR	1. In the Delivery Room, 2. At the Hospital/clinic, 3. At Home or with friends 4. At Work 5. Travelling 8. DK/DR	1. In the Delivery Room, 2. At the Hospital/clinic, 3. At Home or with friends 4. At Work 5. Travelling 8. DK/DR
368. Was that baby born by vaginal delivery, forceps, or C-section?	1. VAGINAL DELIVERY → <b>GO TO Q370</b> 2. FORCEPS ("APARAT") → <b>GO TO Q370</b> 3. CESAREAN SECTION	1. VAGINAL DELIVERY → <b>GO TO Q370</b> 2. FORCEPS ("APARAT") → <b>GO TO Q370</b> 3. CESAREAN SECTION	1. VAGINAL DELIVERY → <b>GO TO Q370</b> 2. FORCEPS ("APARAT") → <b>GO TO Q370</b> 3. CESAREAN SECTION
369. Do you know what was the most important reason that you had to deliver by cesarean section ?	1. BABY TOO BIG (CPD) 2. MALPRESENTATION 3. BABY STARTED TO SUFFER 4. PROLONGED LABOR/FAILED INDUCTION 5. OBSTETRIC HEMORRHAGE 6. PREVIOUS C- SECTION 7. ON REQUEST 20. OTHER _____ 88. DON'T KNOW	1. BABY TOO BIG (CPD) 2. MALPRESENTATION 3. BABY STARTED TO SUFFER 4. PROLONGED LABOR/FAILED INDUCTION 5. OBSTETRIC HEMORRHAGE 6. PREVIOUS C- SECTION 7. ON REQUEST 20. OTHER _____ 88. DON'T KNOW	1. BABY TOO BIG (CPD) 2. MALPRESENTATION 3. BABY STARTED TO SUFFER 4. PROLONGED LABOR/FAILED INDUCT. 5. OBSTETRIC HEMORRHAGE 6. PREVIOUS C- SECTION 7. ON REQUEST 20. OTHER _____ 88. DON'T KNOW
370. How long had you been in labor with that pregnancy (regular contractions 5' apart)	____ HOURS    77. C-SECTION BEFORE LABOR 88. DK/DR	____ HOURS    77. C-SECTION BEFORE LABOR 88. DK/DR	____ HOURS    77. C-SECTION BEFORE LABOR 88. DK/DR
371. Who attended the delivery of that child?	1. PHYSICIAN 2. NURSE/MIDWIFE 3. TRADITIONAL BIRTH ATTENDANT 4. OTHER 5. UNATTENDED	1. PHYSICIAN 2. NURSE/MIDWIFE 3. TRADITIONAL BIRTH ATTENDANT 4. OTHER 5. UNATTENDED	1. PHYSICIAN 2. NURSE/MIDWIFE 3. TRADITIONAL BIRTH ATTENDANT 4. OTHER 5. UNATTENDED
372. How much did the baby weigh at birth?	____ GRAMS → <b>GO TO Q374</b> 8888 DON'T KNOW	____ GRAMS → <b>GO TO Q374</b> 8888 DON'T KNOW	____ GRAMS → <b>GO TO Q374</b> 8888 DON'T KNOW
373. Do you know if the baby weighed less than 2500 g or was considered too small?	1. YES, WAS LESS THAN 2500g 2. NO, WAS MORE THAN 2500g 8. DK/DR	1. YES, WAS LESS THAN 2500g 2. NO, WAS MORE THAN 2500g 8. DK/DR	1. YES, WAS LESS THAN 2500g 2. NO, WAS MORE THAN 2500g 3. DK/DR
374. During the first 6 weeks after birth, did you have any of the following complications: (READ A-I)	<b>YES NO</b>	<b>YES NO</b>	<b>YES NO</b>
A. Severe Bleeding	1 2	1 2	1 2
B. Bad-smelling Vaginal Discharge	1 2	1 2	1 2
C. Infection of Surgical Wound	1 2	1 2	1 2
D. Faint/coma	1 2	1 2	1 2
E. High Fever (39-40c)	1 2	1 2	1 2
F. Painful Urination	1 2	1 2	1 2
G. Painful Uterus (pelvic pain)	1 2	1 2	1 2
H. Breast Infection	1 2	1 2	1 2
I. Other	1 2	1 2	1 2
375. After leaving the hospital (DO NOT READ IF HOME DELIVERY) did you have any postdelivery check-ups?	1. YES 2. NO → <b>GO TO Q378</b> 8. DO NOT REMEMBER → <b>GO TO Q378</b>	1. YES 2. NO → <b>GO TO Q378</b> 8. DON'T REMEMBER → <b>GO TO Q378</b>	1. YES 2. NO → <b>GO TO Q378</b> 8. DO NOT REMEMBER → <b>GO TO Q378</b>
376. How many days or weeks after the delivery did the first check take place?	1. ____ DAYS 000. SAME DAY OR 88. DON'T REMEMBER 2. ____ WEEKS	1. ____ DAYS 000. SAME DAY OR 88. DON'T REMEMBER 2. ____ WEEKS	1. ____ DAYS 000. SAME DAY OR 88. DON'T REMEMBER 2. ____ WEEKS
377. During those visit(s) did you receive information about: (READ A-F)	<b>YES NO</b>	<b>YES NO</b>	<b>YES NO</b>
A. Breastfeeding	1 2	1 2	1 2
B. Breast Care	1 2	1 2	1 2
C. Child Care	1 2	1 2	1 2
D. Immunization	1 2	1 2	1 2
E. Nutrition	1 2	1 2	1 2
F. Contraception	1 2	1 2	1 2
378. For how many months after birth did you not have a period?	____ MONTHS    88. DK/DR 77. NOT YET	____ MONTHS    88. DK/DR	____ MONTHS    88. DK/DR
379. How many months after birth did you resume sexual relations?	____ MONTHS    88. DK/DR 77. NOT YET	____ MONTHS    88. DK/DR	____ MONTHS    88. DK/DR

	LAST BIRTH IF STILLBIRTH → NEXT BIRTH	NEXT TO LAST BIRTH IF STILLBIRTH → NEXT BIRTH	SECOND TO LAST BIRTH IF STILLBIRTH → MODULE IV
380. After leaving the hospital (DO NOT READ IF HOME DELIVERY) did a health professional check on the baby's health?	1. YES 2. NO → <b>GO TO Q382</b> 3. NO, BABY DIED- → <b>GO TO Q382</b> 8. DO NOT REMEMBER → <b>GO TO Q382</b>	1. YES 2. NO → <b>GO TO Q382</b> 3. NO, BABY DIED- → <b>GO TO Q382</b> 8. DO NOT REMEMBER → <b>GO TO Q382</b>	1. YES 2. NO → <b>GO TO Q382</b> 3. NO, BABY DIED- → <b>GO TO Q382</b> 8. DO NOT REMEMBER → <b>GO TO Q382</b>
381. How many days or weeks after delivery did the first health check take place?	1. ____ DAYS OR 2. ____ WEEKS  000. SAME DAY 888. DO NOT REMEMBER	1. ____ DAYS OR 2. ____ WEEKS  000. SAME DAY 888. DO NOT REMEMBER	1. ____ DAYS OR 2. ____ WEEKS  000. SAME DAY 888. DO NOT REMEMBER
381A. Was the health check because the baby was sick or was a routine health exam?	1. HEALTH CHECK FOR SICKNESS 2. ROUTINE HEALTH CHECK 8. DO NOT REMEMBER	1. HEALTH CHECK FOR SICKNESS 2. ROUTINE HEALTH CHECK 8. DO NOT REMEMBER	1. HEALTH CHECK FOR SICKNESS 2. ROUTINE HEALTH CHECK 8. DO NOT REMEMBER
382. How many days or weeks after the delivery did you register the baby at the city/village council?	1. ____ DAYS OR 2. ____ WEEKS  000. NOT REGISTERED YET 777. BABY DIED AND NOT REGISTERED 888. DO NOT REMEMBER	1. ____ DAYS OR 2. ____ WEEKS  000. NOT REGISTERED YET 777. BABY DIED AND NOT REGISTERED 888. DO NOT REMEMBER	1. ____ DAYS OR 2. ____ WEEKS  000. NOT REGISTERED YET 777. BABY DIED AND NOT REGISTERED 888. DO NOT REMEMBER
383. Did you breast-feed?	1. YES 2. NO → <b>GO TO Q387</b> 3. NO, INFANT DIED → <b>NEXT BIRTH</b>	1. YES 2. NO → <b>GO TO Q387</b> 3. NO, INFANT DIED → <b>NEXT BIRTH</b>	1. YES 2. NO → <b>GO TO Q387</b> 3. NO, INFANT DIED → <b>MODULE IV</b>
384. How long after birth did you start breastfeeding?	1. ____ HOURS 777. LESS THAN 1HR OR 2. ____ DAYS 888. DON'T REMEMB.	1. ____ HOURS 777. LESS THAN 1HR OR 2. ____ DAYS 888. DON'T REMEMB.	1. ____ HOURS 777. LESS THAN 1HR OR 2. ____ DAYS 888. DON'T REMEMB.
385. Are you still breastfeeding?	1. YES → <b>GO TO Q387</b> 2. NO 3. NO, INFANT DIED → <b>NEXT BIRTH</b>		
386. How old was the baby when you stopped breastfeeding?	1. ____ DAYS OR 2. ____ WEEKS OR 888. DK/DR 3. ____ MTHS	1. ____ DAYS OR 2. ____ WEEKS OR 888. DK/DR 3. ____ MTHS	1. ____ DAYS OR 2. ____ WEEKS OR 888. DK/DR 3. ____ MTHS
387. How old was the baby when you gave him/her water or other liquids?	1. ____ DAYS OR 777. NOT YET 2. ____ WEEKS OR 888. DK/DR 3. ____ MTHS	1. ____ DAYS OR 777. NOT YET 2. ____ WEEKS OR 888. DK/DR 3. ____ MTHS	1. ____ DAYS OR 777. NOT YET 2. ____ WEEKS OR 888. DK/DR 3. ____ MTHS
388. How old was the baby when you started feeding with formula or other milk?	1. ____ DAYS OR 777. NOT YET 2. ____ WEEKS OR 888. DK/DR 3. ____ MTHS	1. ____ DAYS OR 777. NOT YET 2. ____ WEEKS OR 888. DK/DR 3. ____ MTHS	1. ____ DAYS OR 777. NOT YET 2. ____ WEEKS OR 888. DK/DR 3. ____ MTHS
389. How old was the baby when you started feeding with solid or semi-solid food?	1. ____ WEEKS OR 777. NOT YET 2. ____ MTHS 888. DK/DR <b>IF STILL BREASTFEEDING → GO TO Q391</b>	1. ____ WEEKS OR 777. NOT YET 2. ____ MTHS 888. DK/DR	1. ____ WEEKS OR 777. NOT YET 2. ____ MTHS 888. DK/DR
390. Why did you stop breastfeeding this baby?  <b>FOR WOMEN WHO DID NOT BREAST-FEED (Q383=2) ASK:</b>  Why did you not breast-feed this baby?	1. MOTHER WEAK/ILL 2. CHILD WEAK/ILL 3. CHILD DIED 4. NIPPLE/BREAST PROBLEMS 5. NOT ENOUGH MILK 6. MOTHER WORKING 7. CHILD REFUSED 8. BECAME PREGNANT 9. WEANING AGE/AGE TO STOP 10. PREFERRED BOTTLE-FEEDING 20. OTHER _____ 88. DK/DR	1. MOTHER WEAK/ILL 2. CHILD WEAK/ILL 3. CHILD DIED 4. NIPPLE/BREAST PROBLEMS 5. NOT ENOUGH MILK 6. MOTHER WORKING 7. CHILD REFUSED 8. BECAME PREGNANT 9. WEANING AGE/AGE TO STOP 10. PREFERRED BOTTLE-FEEDING 20. OTHER _____ 88. DK/DR	1. MOTHER WEAK/ILL 2. CHILD WEAK/ILL 3. CHILD DIED 4. NIPPLE/BREAST PROBLEMS 5. NOT ENOUGH MILK 6. MOTHER WORKING 7. CHILD REFUSED 8. BECAME PREGNANT 9. WEANING AGE/AGE TO STOP 10. PREFERRED BOTTLE-FEEDING 20. OTHER _____ 88. DK/DR
	<b>NEXT BIRTH</b>	<b>NEXT BIRTH</b>	<b>GO TO MODULE IV</b>

## MODULE IV: FAMILY PLANNING KNOWLEDGE/ SEXUAL EXPERIENCE

For each of the following methods of preventing pregnancy, please tell me:

METHOD	400. Have you ever heard of it?	401. Do you know how to use it?	402. Have you ever used it?	403. Do you know where to get it?	404. What was the most important source of information about this method (SEE CODES BELOW)
A. The Pill (Oral Contraceptives)	1 YES → Q401 2 NO → B	1 YES → Q402 2 NO → Q402	1 YES → Q403 2 NO → Q403	1 YES → Q404 2 NO → Q404	— —
B. IUD (Spirali)	1 YES → Q401 2 NO → C	1 YES → Q402 2 NO → Q402	1 YES → Q403 2 NO → Q403	1 YES → Q404 2 NO → Q404	— —
C. Condoms (Prezervativ)	1 YES → Q401 2 NO → D	1 YES → Q402 2 NO → Q402	1 YES → Q403 2 NO → Q403	1 YES → Q404 2 NO → Q404	— —
D. Foam/Jelly/ Cream/Foamy Tablets (Spermicides)	1 YES → Q401 2 NO → E	1 YES → Q402 2 NO → Q402	1 YES → Q403 2 NO → Q403	1 YES → Q404 2 NO → Q404	— —
E. Tubal Ligation	1 YES → Q401 2 NO → F	1 YES → Q402 2 NO → Q402	1 YES → Q403 2 NO → Q403	1 YES → Q404 2 NO → Q404	— —
F. Vasectomy (Male Sterilization)	1 YES → Q401 2 NO → G	1 YES → Q402 2 NO → Q402	1 YES → Q403 2 NO → Q403	1 YES → Q404 2 NO → Q404	— —
G. Injectables (e.g. Depo-Provera)	1 YES → Q401 2 NO → H	1 YES → Q402 2 NO → Q402	1 YES → Q403 2 NO → Q403	1 YES → Q404 2 NO → Q404	— —
H. Emergency Hormonal Contraception ("Morning After Pill"; Postinor)	1 YES → Q401 2 NO → I	1 YES → Q402 2 NO → Q402	1 YES → Q403 2 NO → Q403	1 YES → Q404 2 NO → Q404	— —
I. Rhythm/Calendar Method	1 YES → Q401 2 NO → J	1 YES → Q402 2 NO → Q402	1 YES → Q404 2 NO → Q404		— —
J. Withdrawal (Coitus Interruptus)	1 YES → Q401 2 NO → K	1 YES → Q402 2 NO → Q402	1 YES → Q404 2 NO → Q404		— —
K. Other contraceptive methods (SPECIFY): _____	1 YES → Q401 2 NO → Q405	1 YES → Q402 2 NO → Q402	1 YES → Q404 2 NO → Q404		— —

### CODES FOR Q404 (DO NOT READ)

- |                     |   |
|---------------------|---|
| 1. MOTHER           | 10. NURSE, MIDWIFE, FELDCHER                |
| 2. FATHER           | 11. COMMUNITY HEALTH WORKER                 |
| 3. RELATIVE         | 12. TEACHER                                 |
| 4. BOYFRIEND        | 13. PHARMACIST                              |
| 5. FRIENDS          | 14. BOOKS                                   |
| 6. CO-WORKER        | 15. NEWSPAPERS, MAGAZINES, BROCHURE, FLYERS |
| 7. COLLEAGUES, PEER | 16. RADIO                                   |
| 8. PARTNER/HUSBAND  | 17. TV                                      |
| 9. DOCTOR           | 20. OTHER (SPECIFY): _____                  |
|                     | 88. DON'T REMEMBER                          |



405. Looking at this CARD, please tell me which do you think is the most effective contraceptive method?  
(SHOW CARD A)

1. The Pill
2. IUD
3. Condom
6. Foams/jelly/creams/Foamy Tablets
7. Tubal Ligation
8. Emergency Hormonal Contraception ("Morning After Pill")
9. Injectables (Depo-Provera)
10. Vasectomy (Male Sterilization)
11. Rhythm Method
12. Withdrawal
77. NONE OF THEM
88. DON'T KNOW/NOT SURE

406. How would you rate each of the following methods with regard to effectiveness at preventing pregnancy? Would you say that \_\_\_\_\_ is very effective, effective, somewhat effective, not very effective or not at all effective? (INTERVIEWER: ASK THE QUESTION FOR EACH OF THE METHODS LISTED BELOW, UNLESS RESPONDENT HAS SAID IN Q400 THAT SHE NEVER HEARD OF THAT SPECIFIC METHOD; MARK "9" FOR THOSE CASES WITHOUT ASKING)

	<u>Very Effective</u>	<u>Effective</u>	<u>Somewhat Effective</u>	<u>Not Very Effective</u>	<u>Not Effective</u>	<u>DO NOT KNOW</u>	<u>NEVER HEARD</u>
1. The Pill	1	2	3	4	5	8	9
2. Iud	1	2	3	4	5	8	9
3. Condom	1	2	3	4	5	8	9
7. Tubal Ligation	1	2	3	4	5	8	9
9. Injectables	1	2	3	4	5	8	9
11. Calendar	1	2	3	4	5	8	9
12. Withdrawal	1	2	3	4	5	8	9

**BOX 4-I**

**IF RESPONDENT IS 15-24 YEARS OF AGE CONTINUE; IF SHE IS 25-44 YEARS GO TO Q420 PAGE 24**

408. How old were you when you had your first menstruation \_\_\_\_ AGE

00. NOT YET  
88. DON'T REMEMBER  
99. REFUSE TO ANSWER

409. Did you know what menstruation was at that time?

1. YES
2. NO
- 8 NO SR410.

410. Now I have some questions about your first sexual intercourse. When did you have sexual intercourse for the first time - in what month and year was that? **(PROBE: Can you tell me what year that was?)**
- \_\_\_ MONTH \_\_\_ YEAR 00. NEVER HAD INTERCOURSE → **GO TO Q601, PG 36**  
 88. DON'T REMEMBER  
 99. REFUSE TO ANSWER
411. How old were you at that time? \_\_\_ YEARS 88. DON'T REMEMBER
412. At the time you first had sexual intercourse, what was your relationship to that man?
- |                                |                                 |
|--------------------------------|---------------------------------|
| 1. HUSBAND, CONSENSUAL PARTNER | 7. JUST MET                     |
| 2. FIANCEE                     | 8. RELATIVE                     |
| 3. BOYFRIEND                   | 9. RAPE → <b>GO TO Q421</b>     |
| 4. FRIEND                      | 10.. INCEST → <b>GO TO Q421</b> |
| 5. LOVER                       | 20. OTHER(SPECIFY) _____        |
| 6. ACQUAINTANCE                | 88. DO NOT REMEMBER/REF         |
413. How long were you and your first partner dating when you first had sexual relations?
1. \_\_\_ DAYS OR 2. \_\_\_ WEEKS OR 3. \_\_\_ MONTHS OR 4. \_\_\_ YEARS  
 000=FIRST TIME WE MET  
 888=DON'T REMEMBER  
 999=NO RESPONSE  
 777=OTHER \_\_\_\_\_
414. How old was your first partner? \_\_\_ YEARS 88. DK/DR
415. Before you had sex for the first time, did you and your partner ever talk about using contraception?
1. YES  
 2. NO  
 8. DON'T REMEMBER
416. At the time you had first sexual intercourse, did you or your partner use any contraceptive method?
1. YES  
 2. NO → **GO TO Q419**  
 8. DK/DO NOT REMEMBER → **GO TO Q421**  
 9. REF → **GO TO Q421**
417. Which contraceptive method did you or your partner use at the first intercourse?
- 1 THE PILL  
 2 IUD  
 3 CONDOM  
 6 FOAM/JELLY/CREAM/VAGINAL FILMS  
 8 EMERGENCY HORMONAL CONTRACEPTION  
 9 INJECTABLES  
 10 OTHER MODERN METHODS \_\_\_\_\_  
 11 CALENDAR METHOD  
 12 WITHDRAWAL  
 19 DOUCHE  
 20 OTHER: \_\_\_\_\_  
 88 DON'T KNOW/DON'T REMEMBER

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418. Who made the decision to use contraception at that time? **(READ 1-3)**

1. You
2. Your partner
3. Both you and your partner
8. DON'T REMEMBER

**GO TO Q421**

419. What was the main reason for not using a contraceptive method at that time?

1. SEX WAS NOT EXPECTED
2. THOUGHT IT WAS A SAFE TIME OF THE MONTH
3. DID NOT KNOW WHERE TO GET A METHOD//DIFFICULT TO GET/NOT AVAILABLE
4. RESPONDENT WAS AGAINST IT
5. PARTNER WAS AGAINST IT
6. DID NOT KNOW ABOUT CONTRACEPTION
7. WANTED TO GET PREGNANT
8. THOUGHT THAT CONTRACEPTIVE METHODS ARE HARMFUL
9. DID NOT THINK ABOUT USING A METHOD/NEGLIGENCE
10. RESPONDENT AFRAID OF PARTNER'S REACTION
11. TOO DRUNK (PARTNER OR RESPONDENT)
12. RESPONDENT WAS TOO EMBARRASSED TO USE A METHOD
20. OTHER (SPECIFY) \_\_\_\_\_
88. DON'T REMEMBER/DON'T KNOW

**GO TO Q421**

420. How old were you at the time of your first sexual intercourse?

\_\_\_ YEARS

00. NEVER HAD INTERCOURSE- → **GO TO Q601 PAGE 36**  
88. DK/DR

421. During the past 30 days (past month) have you had sexual intercourse?

1. YES
2. NO → **GO TO Q436**
9. REF → **GO TO Q436**

422. How often have you had sexual intercourse during the past 30 days **(READ 1-5)?**

1. Every day
2. 3-5 times per week,
3. 1-2 times per week,
4. 2-3 times per month, or
5. Only once
9. REF

**GO TO Q445**

## Appendix C

436. During the past 3 months, have you had sexual intercourse?
1. YES
  2. NO → **GO TO Q453**
  9. REF → **GO TO Q453**
445. During the past 3 months, with how many different men have you had intercourse? Please count every sexual partner, even those you had sex with only once.
- \_\_\_\_ PARTNERS                      88. DK  
   99. NR
453. When was the last time you had sexual intercourse?
- \_\_\_\_ MONTH                      \_\_\_\_ YEAR                      88. DK/DR  
   99. REFUSE TO ANSWER
454. At the time of your last intercourse, what was your relationship with that man?
- |                                |                                |
|--------------------------------|--------------------------------|
| 1. HUSBAND, CONSENSUAL PARTNER | 7. JUST MET                    |
| 2. FIANCEE                     | 8. RELATIVE                    |
| 3. BOYFRIEND                   | 9. RAPE → <b>GO TO Q460</b>    |
| 4. FRIEND                      | 10..INCEST → <b>GO TO Q460</b> |
| 5. LOVER                       | 20. OTHER(SPECIFY) _____       |
| 6. ACQUAINTANCE                | 88. DO NOT REMEMBER/REF        |
455. At the time you had your last sexual intercourse, did you or your partner use any contraceptive method?
1. YES
  2. NO → **GO TO Q460**
  9. DK/REF → **GO TO Q460**
456. Which contraceptive method did you or your partner use at the last intercourse?
1. THE PILL
  2. IUD
  3. CONDOM
  4. CONDOM +SPERMICIDE
  5. CONDOM +WITHDRAWAL/CALENDAR
  6. FOAM/JELLY/CREAMS/C-FILMS
  7. FEMALE STERILIZATION
  8. EMERGENCY HORMONAL CONTRACEPTION
  9. INJECTABLES(DEPO PROVERA)
  10. OTHER MODERN METHODS \_\_\_\_\_
  11. CALENDAR
  12. WITHDRAWAL
  13. WITHDRAWAL AND CALENDAR
  20. OTHER TRADITIONAL METHODS \_\_\_\_\_
  88. NOT SURE
460. Counting all the men you had sexual intercourse with, even only once, how many partners have you had sexual intercourse with in your life?
- \_\_\_\_ PARTNERS                      85. 85+ PARTNERS  
   88. DK  
   99. NR

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## V. CURRENT AND PAST CONTRACEPTIVE USE

501. **RECORD WHETHER RESPONDENT REPORTED HAVING USED ANY METHOD (ANY Q402=1 AT PG.20)**  
1 **NEVER USED (NO Q402=1)**  
2 **EVER USED (ANY Q402=1)- → GO TO Q503**
502. So, you said that you or any of your partners have never used any method to prevent pregnancy?  
1. NEVER USED → GO TO Q515, PAGE 27  
2. EVER USED → CORRECT Q402 THEN CONTINUE
503. Are you (or your partner) currently using (in the last 30 days) any method or doing anything to prevent pregnancy?  
1. YES  
2. NO → GO TO Q515 PAGE 27
504. What method are you currently using?
1. THE PILL
  2. IUD
  3. CONDOM → **GO TO Q506**
  4. CONDOM +SPERMICIDE → **GO TO Q506**
  5. CONDOM +WITHDRAWAL/CALENDAR → **GO TO Q506**
  6. FOAM/JELLY/CREAMS/C-FILMS
  7. FEMALE STERILIZATION
  8. EMERGENCY HORMONAL CONTRACEPTION
  9. INJECTABLES(DEPO PROVERA)
  10. OTHER MODERN METHODS\_\_\_\_\_
  11. CALENDAR
  12. WITHDRAWAL
  13. WITHDRAWAL AND CALENDAR
  20. OTHER TRADITIONAL METHODS\_\_\_\_\_
  88. NOT SURE
505. In the last 30 days, did you and your partner ever use a condom in addition to the method you are using?  
1. YES  
2. NO
- IF Q504=1,2,7, 9, 10, 11, or 88 GO TO Q507**
506. In the last 30 days how often did you/your partner use this method (METHOD MENTIONED IN Q504) **(READ 1-4)?**  
1. Always, at each sexual intercourse,  
2. almost always,  
3. Sometimes,  
4. Only once  
9. REF
507. What was the most important reason for choosing this method?  
1. DOCTOR RECOMMENDED  
2. AFFORDABLE COST  
3. VERY EFFECTIVE  
4. VERY SAFE (FEW SIDE EFFECTS)  
5. SAW ADS (TV, RADIO, PRESS, BROCHURES)  
6. EASY TO USE  
7. PARTNER PREFERS IT  
8. KNOWS SOMEBODY WHO USES IT  
9. CURIOSITY/WANTED TO TRY IT  
10. ALLOWS SPONTANEITY DURING INTERCOURSE  
20. OTHER\_\_\_\_\_  
88. DO NOT KNOW/ DO NOT REMEMBER

### BOX 5-I

**IF Q504 = 1-10, OR 88 GO TO Q510; IF SHE USES NATURAL METHODS (Q504 =11-20), CONTINUE**

## Appendix C

508. Please tell me whether each of the following reasons was very important, somewhat important, or not important at all in your decision to use \_\_\_\_\_ **(CODE FROM Q504 FOR TRADITIONAL METHOD)** instead of a modern method:
- |  | <u>Very<br/>Important</u> | <u>Somewhat<br/>Important</u> | <u>Not<br/>Important</u> | <u>Not<br/>Sure</u> |
|--|---------------------------|-------------------------------|--------------------------|---------------------|
| A. Difficult to get a modern method        | 1                         | 2                             | 3                        | 8                   |
| B. Cost of these modern methods            | 1                         | 2                             | 3                        | 8                   |
| C. Little knowledge of modern methods      | 1                         | 2                             | 3                        | 8                   |
| D. Fear of or experience with side effects | 1                         | 2                             | 3                        | 8                   |
| E. Husband/Partner choice                  | 1                         | 2                             | 3                        | 8                   |
| F. Religious beliefs                       | 1                         | 2                             | 3                        | 8                   |
| G. Doctor's recommendation                 | 1                         | 2                             | 3                        | 8                   |
| H. Another person's advice                 | 1                         | 2                             | 3                        | 8                   |
509. How effective at preventing pregnancy do you think \_\_\_\_\_ **(CODE FROM Q504 FOR TRADITIONAL METHOD)** is compared to modern methods, like the pill or the IUD? **(READ 1-3)**
1. Current method more effective
  2. About equally effective
  3. Current method less effective
  8. DON'T KNOW/NOT SURE
510. Do you have any problems or concerns with using your current method?
1. YES
  2. NO → **GO TO Q512**
511. What is the most important problem?
1. SIDE EFFECTS
  2. HEALTH CONCERNS
  3. ACCESS/AVAILABILITY
  4. COST
  5. SOMETIMES FORGET TO USE
  6. SOMETIMES DIFFICULT/INCONVENIENT TO USE
  7. HUSBAND/PARTNER DISAPPROVES
  8. LESS EFFECTIVE METHOD/GOT PREGNANT WHILE USING IT
  9. DEEPLY UNSATISFIED WITH THE METHOD
  0. OTHER \_\_\_\_\_
512. Would you prefer to use a different method of family planning from the one you are currently using?
1. YES
  2. NO → **GO TO BOX 5-II**
513. What method would you prefer to use **(OTHER THAN THE METHOD SPECIFIED IN Q504)**?
1. THE PILL
  2. IUD
  3. CONDOM
  4. CONDOM +SPERMICIDE
  5. CONDOM +WITHDRAWAL/CALENDAR-
  6. FOAM/JELLY/CREAMS/C-FILMS
  7. FEMALE STERILIZATION
  8. EMERGENCY HORMONAL CONTRACEPTION
  9. INJECTABLES (DEPO PROVERA)
  10. OTHER MODERN METHODS \_\_\_\_\_
  11. CALENDAR
  12. WITHDRAWAL
  13. WITHDRAWAL AND CALENDAR
  20. OTHER TRADITIONAL METHODS \_\_\_\_\_
  88. DO NOT NOW/NO SR514.

514. What is the most important reason that you do not use that method?
1. DOCTOR WILL NOT PRESCRIBE IT
  2. COST
  3. NOT AVAILABLE/UNRELIABLE SUPPLIES/DIFFICULT TO OBTAIN
  4. TOO FAR AWAY
  5. DO NOT KNOW HOW/WHERE TO OBTAIN IT
  6. HUSBAND/PARTNER OBJECTS TO IT
  7. RELIGIOUS REASONS
  8. FEAR OF SIDE EFFECTS
  9. HAS NOT YET MADE UP HER MIND
  10. DIFFICULT TO USE
  11. FEAR OF SURGICAL PROCEDURE (IUD, TL, NORPLANT)
  20. OTHER \_\_\_\_\_
  88. DON'T KNOW

**BOX 5-II**

**GO TO Q 521 PAGE 28**

515. What is the main reason that you or your partner are not currently using a contraceptive method?
1. DOES NOT CURRENTLY HAVE A PARTNER/ NOT SEXUALLY ACTIVE IN THE LAST MONTH
  2. TRYING TO GET PREGNANT
  3. POSTPARTUM/ BREASTFEEDING
  4. CURRENTLY PREGNANT
  5. HYSTERECTOMY/MENOPAUSE → GO TO Q523
  6. DOCTOR SAID SHE OR HER PARTNER CANNOT HAVE CHILDREN → GO TO Q523
  7. SHE/COUPLE TRIED TO GET PREGNANT FOR AT LEAST 2 YEARS AND DIDN'T SUCCEED → Q523
  8. FEAR OF SIDE EFFECTS
  9. LOVEMAKING WOULD BE INTERRUPTED
  10. RESPONDENT DID NOT THINK ABOUT USING CONTRACEPTION
  11. COST, CANNOT AFFORD BIRTH CONTROL
  12. BIRTH CONTROL IS THE PARTNER'S RESPONSIBILITY
  13. BIRTH CONTROL IS NOT (VERY) EFFECTIVE
  14. RESPONDENT DOES NOT WANT TO USE A METHOD
  15. PARTNER OBJECTS TO USING METHOD
  16. OBJECTS DUE TO RELIGIOUS REASONS
  17. DOES NOT KNOW WHERE TO GET METHOD
  18. RESPONDENT DOES NOT KNOW HOW TO USE BIRTH CONTROL METHODS
  19. RESPONDENT DOES NOT THINK THAT SHE CAN GET PREGNANT
  20. RESPONDENT USES DOUCHING
  77. OTHER (SPECIFY) \_\_\_\_\_
  88. DK/REF
516. Do you think that you will use a contraceptive method during the next 12 months (ADD: OTHER THAN DOUCHING IF Q515=20)?
1. YES → **GO TO Q518**
  2. NO
  8. NOT SURE
517. Do you think that you will use a contraceptive method any time in the future?
1. YES
  2. NO → **GO TO Q521**
  8. NOT SURE → **GO TO Q521**
518. What method would you want to use most?
1. THE PILL
  2. IUD
  3. CONDOM
  4. CONDOM +SPERMICIDE
  5. CONDOM +WITHDRAWAL/CALENDAR-
  6. FOAM/JELLY/CREAMS/C-FILMS
  7. FEMALE STERILIZATION
  8. EMERGENCY HORMONAL CONTRACEPTION
  9. INJECTABLES(DEPO PROVERA)
  10. OTHER MODERN METHODS \_\_\_\_\_
  11. CALENDAR → **GO TO Q521**
  12. WITHDRAWAL → **GO TO Q521**
  13. WITHDRAWAL + CALENDAR → **GO TO Q521**
  20. OTHER \_\_\_\_\_ → **GO TO Q521**
  88. NOT SURE → **GO TO Q521**

519. On average, how much are you willing to pay for contraception, per month?  
 \_\_\_\_\_ HUNDRED LEKE 85. 85 HUNDRED LEKE OR MORE  
 98. NOT SURE/DON'T KNOW

520. Where would you want to get your contraceptive method?  
 1. HEALTH POST 8. PHARMACY  
 2. HEALTH CENTER 9. OPEN MARKET  
 3. POLICLINIC 10. STORE/ KIOSK  
 4. FAMILY PLANNING CLINIC 11. PARTNER/HUSBAND  
 5. GOV HOSPITAL-MATERNITY WARD 12. FRIEND  
 6. PRIVATE CLINIC OR OFFICE 13. RELATIVE  
 7. NGO 20. OTHER (SPECIFY): \_\_\_\_\_  
 88. DON'T KNOW

521. During the last year, how often did you talk about contraception with your husband/ partner?  
 1. NEVER → **GO TO Q523**  
 2. ONE OR TWO TIMES  
 3. THREE TIMES OR MORE  
 4. RESPONDENT HAD NO PARTNER DURING THE LAST YEAR → **GO TO Q523**

522. Generally, does your husband/ partner agree or disagree with the use of contraceptive methods?  
 1. AGREES  
 2. DISAGREES  
 3. NEITHER AGREES NOR DISAGREES  
 8. NOT SURE/DON'T KNOW

523. Some people use condoms for reasons other than birth control, for instance because they are concerned about getting diseases that can result from sexual intercourse. Have you ever used condoms for: **(READ 1-4)**  
 1. Birth Control Only → **GO TO BOX 5-III**  
 2. Disease Prevention Only → **GO TO BOX 5-III**  
 3. Both, or → **GO TO BOX 5-III**  
 4. You Never Used a Condom?  
 5. USED CONDOM OUT OF CURIOSITY  
 8. NOT SURE/ DO NOT REMEMBER

524. Why have you and your partner(s) never used condoms?  
 1. PREVENTING PREGNANCY IS WOMAN'S RESPONSIBILITY  
 2. PARTNER(S) OBJECTED TO USE CONDOMS  
 3. HAVE ONLY ONE PARTNER  
 4. THEY ARE ONLY FOR USE WITH PROSTITUTES  
 5. THEY ARE ONLY FOR EXTRAMARITAL RELATIONS  
 6. CONDOMS DIMINISH PLEASURE/SPONTANEITY  
 7. CONDOMS ARE LESS EFFECTIVE IN PREVENTING PREGNANCY  
 8. CONDOMS ARE TOO DIFFICULT TO USE  
 9. LOVEMAKING WOULD BE INTERRUPTED  
 10. CONDOM USE IS TOO MESSY  
 11. COST  
 12. SHE HAS NEVER THOUGHT ABOUT IT  
 13. IT IS EMBARRASSING TO BUY CONDOMS  
 14. PREFERENCES OTHER CONTRACEPTIVE METHODS  
 20. OTHER \_\_\_\_\_  
 88. DON'T KNOW

**FIRST COMPLETE COLUMN 1 AND 4 (SEE PREGNANCY HISTORY PG.9-13 AND MARITAL HISTORY PAGE 3). USING INFO FROM THE COMPLETED COLUMNS, ASK THE MONTH-BY-MONTH CONTRACEPTIVE HISTORY STARTING WITH THE CURRENT MONTH AND GOING BACK TO JANUARY 1997.**

→ IF NO METHOD HAS BEEN USED SINCE JANUARY 1997, WRITE "0" AT THE BEGINNING AND THE END OF THE 2ND COLUMN THEN GO TO Q551, PAGE 33



**COLUMN 1****PREGNANCY OUTCOME**

1. PREGNANT THAT MONTH
2. LIVE BIRTH
4. STILLBIRTH
6. MISCARRIAGE
7. INDUCED ABORTION
8. MOLAR PREGNANCY
9. ECTOPIC PREGNANCY

**COLUMN 2****METHOD USED**

0. NO METHOD
1. PILL
2. IUD
3. CONDOM
4. CONDOM+SPERMICIDES
5. CONDOM+CAL./WITHDRAWAL
6. SPERMICIDES
7. TUBAL LIGATION
8. EMERGENCY HORM. CONTRACEPTION
9. INJECTABLES (E.G. DEPO-PROVERA)
10. OTHER MODERN METHODS \_\_\_\_\_
11. CALENDAR
12. WITHDRAWAL
13. WITHDRAWAL +CALENDAR
20. OTHER TRADITIONAL MET. \_\_\_\_\_
88. DO NOT REMEMBER

**COLUMN 3****REASON STOPPED USING A METHOD**

1. GOT PREGNANT WHILE USING
2. WANTED TO GET PREGNANT
3. HUSBAND OBJECTED
4. SIDE EFFECTS
5. HEALTH CONCERNS
6. STOPPED TO "REST THE BODY"
7. PHYSICIAN DECISION
8. SUPPLY/AVAILABILITY
9. DIFFICULT/INCONVENIENT TO USE
10. MARRIAGE/RELATIONSHIP ENDED
11. WANTED TO TRY OTHER METHOD
12. SPORADIC SEXUAL ACTIVITY
13. SHE NEGLECTED TO USE
20. OTHER \_\_\_\_\_

**COLUMN 4 (MARITAL STATUS)**

0. NOT MARRIED/NOT IN UNION
1. MARRIED/IN UNION

DATE	1	2	3	4	DATE	1	2	3	4
<b>1997</b>					<b>2000</b>				
1 Jan					1 Jan				
2 Feb					2 Feb				
3 Mar					3 Mar				
4 Apr					4 Apr				
5 May					5 May				
6 Jun					6 Jun				
7 Jul					7 Jul				
8 Aug					8 Aug				
9 Sep					9 Sep				
10 Oct					10 Oct				
11 Nov					11 Nov				
12 Dec					12 Dec				
<b>1998</b>					<b>2001</b>				
1 Jan					1 Jan				
2 Feb					2 Feb				
3 Mar					3 Mar				
4 Apr					4 Apr				
5 May					5 May				
6 Jun					6 Jun				
7 Jul					7 Jul				
8 Aug					8 Aug				
9 Sep					9 Sep				
10 Oct					10 Oct				
11 Nov					11 Nov				
12 Dec					12 Dec				
<b>1999</b>					<b>2002</b>				
1 Jan					1 Jan				
2 Feb					2 Feb				
3 Mar					3 Mar				
4 Apr					4 Apr				
5 May					5 May				
6 Jun					6 Jun				
7 Jul					7 Jul				
8 Aug					8 Aug				
9 Sep					9 Sep				
10 Oct					10 Oct				
11 Nov					11 Nov				
12 Dec					12 Dec				

**IF SHE DID NOT USE A METHOD IN JANUARY 1997 (COLUMN 2\_JAN 1997=0) GO TO Q527**

526. You said that in January of 1997 you were using \_\_\_\_ (WRITE CODE # FOR THE MET. USED IN COLUMN 2\_JAN 1997).

When did you start using that method?

MONTH \_\_\_\_ YEAR \_\_\_\_

88. DK/DO NOT REMEMBER

**527. LAST CONTRACEPTIVE METHOD USED (COPY THE METHOD FROM THE CONTRACEPTIVE CALENDAR):**

- |                                     |   |
|-------------------------------------|---|
| 1. THE PILL                         | 9. DEPO-PROVERA                         |
| 2. IUD                              | 10. OTHER MODERN METHOD _____           |
| 3. CONDOM                           | 11. CALENDAR → GO TO Q536               |
| 4. CONDOM +SPERMICIDES              | 12. WITHDRAWAL → GO TO Q536             |
| 5. CONDOM +WITHDRAWAL/CALENDAR      | 13. WITHDRAWAL+CALENDAR → GO TO Q536    |
| 6. FOAM/JELLY/CREAMS                | 20. OTHER TRADITIONAL MET. → GO TO Q536 |
| 7. FEMALE STERILIZATION             | 88. DO NOT REMEMBER → GO TO Q536        |
| 8. EMERGENCY HORMONAL CONTRACEPTION |   |

528. The next following questions concern the last contraceptive method you have used. Where did you get that method?

- |                                |                            |
|--------------------------------|----------------------------|
| 1. HEALTH POST                 | 8. PHARMACY                |
| 2. HEALTH CENTER               | 9. OPEN MARKET             |
| 3. POLICLINIC                  | 10. STORE/ KIOSK           |
| 4. FAMILY PLANNING CLINIC      | 11. PARTNER/HUSBAND        |
| 5. GOV HOSPITAL-MATERNITY WARD | 12. FRIEND                 |
| 6. PRIVATE CLINIC OR OFFICE    | 13. RELATIVE               |
| 7. NGO                         | 20. OTHER (SPECIFY): _____ |
|                                | 88. DON'T KNOW             |

529. Do (Did) you pay for this method?

1. YES
2. NO → **GO TO Q531**
3. PARTNER GETS THE METHOD → **GO TO Q531**

530. On average, how much did you pay for contraception, per month?

- |                   |                             |
|-------------------|-----------------------------|
| ____ HUNDRED LEKE | 85. 85 HUNDRED LEKE OR MORE |
|                   | 98. NOT SURE/DON'T KNOW     |

531. At the time you started using the last contraceptive method, who advised you about how to use that method?

- |                                   |                                       |
|-----------------------------------|---------------------------------------|
| 1. OB/GYN                         | 6. OTHER RELATIVE → <b>GO TO Q536</b> |
| 2. GENERAL PRACTITIONER           | 7. FRIEND- → <b>GO TO Q536</b>        |
| 3. NURSE/MIDWIFE/FELDCHE          | 8. PARTNER → <b>GO TO Q536</b>        |
| 4. PHARMACIST → <b>GO TO Q536</b> | 9. NOBODY → <b>GO TO Q536</b>         |
| 5. MOTHER → <b>GO TO Q536</b>     | 20. OTHER _____ → <b>GO TO Q536</b>   |

532. When you received the information concerning use of the method, did the health provider tell you about other contraceptive methods?

1. YES
2. NO → GO TO Q534

533. Did the health provider explain how effective your method is compared to other contraceptive methods?

1. YES
2. NO

534. Did the health provider explain the possible side effects of your method?

1. YES
2. NO

536. **OBSERVE THE CALENDAR AND RECORD IF RESPONDENT HAS USED PILLS OR IUD AT ANY TIME DURING THE PAST FIVE YEARS:**

1. ONLY PILLS
2. PILL AND IUD
3. ONLY IUD → GO TO Q543
4. NEITHER PILL NOR IUD (OTHER MODERN OR TRAD. METHODS) → GO TO BOX 5-V, PG. 33

537. **OBSERVE THE CALENDAR AND VERIFY IN WHAT MONTH AND YEAR RESPONDENT STARTED TO TAKE PILLS MOST RECENTLY (PAST OR CURRENT USERS).** You said you most recent started taking pills in:

\_\_\_ MONTH      \_\_\_ \_\_ YEAR      88. DO NOT REMEMBER

538. What brand of pills did you use most recently? (**SHOW CARD B; ASK TO SEE PACKAGE, IF SHE IS CURRENTLY USING PILLS**)

- |                    |                     |                 |
|--------------------|---------------------|-----------------|
| 1. BISECURIN       | 8. MARVELON         | 15. SIGORAL     |
| 2. CILEST          | 9. MERCILON         | 16. MICROLUT    |
| 3. CYCLO-PROGYNOVA | 10. MICROGYNON      | 20. OTHER _____ |
| 4. DIANE-35        | 11. NEOGYNON        | 88. DO NOT KNOW |
| 5. FEMODEN         | 12. OVIDON          |                 |
| 6. FERTILAN        | 13. <b>POSTINOR</b> |                 |
| 7. GYNOFEN 35      | 14. RIGEVIDON       |                 |

539. When you started taking pills, how long did your physician tell you that you could take them? (**Q539 REFERS TO THE LAST INTERVAL OF USE, INCLUDING CURRENT USE**)

- \_\_\_ MONTHS      00. NEVER TALKED TO A DOCTOR ABOUT IT
44. THREE OR MORE YEARS (36 MONTHS OR MORE)
55. AS LONG AS RESPONDENT WANTED/INDEFINITELY
66. DID NOT SAY HOW LONG
77. OTHER (SPECIFY) \_\_\_\_\_
88. DON'T REMEMBER

540. At any time during the last usage of pills have you had any health problems or side effects that you think are related to using pills?

1. YES
2. NO → **GO TO BOX IV**

541. What kind of problem or side effect have you had? (**CIRCLE ALL MENTIONED, DO NOT READ LIST**)

	<u>MENTIONED</u>	<u>NOT MENTIONED</u>
A. HEADACHES OR DIZZINES .....	1	2
B. BLURRED VISION, SEEING FLASHING LIGHTS .....	1	2
C. WEIGHT GAIN .....	1	2
D. NAUSEA .....	1	2
E. BREAST TENDERNESS .....	1	2
F. BLEEDING/SPOTTING BETWEEN MENSTRUAL PERIODS .....	1	2
G. MOOD CHANGES (LESS INTEREST IN SEX, DEPRESSION) .....	1	2
H. OTHER (SPECIFY) _____ .....	1	2

## Appendix C

542. Was this problem serious enough that you went to a doctor or clinic about it?

1. YES
2. NO

### BOX IV

**IF RESPONDENT HAS USED ONLY PILLS (Q536=1) THEN GO TO BOX 5-V PAGE 33; ELSE CONTINUE**

543. **OBSERVE THE CALENDAR AND VERIFY IN WHAT MONTH AND YEAR RESPONDENT STARTED TO USE THE LAST (OR CURRENT) IUD.** You said you had an IUD inserted in....

\_\_\_ MONTH

\_\_\_ YEAR

88. DO NOT REMEMBER

544. Now, I want you to think back at the time when you had inserted your (last) IUD. Where did you have the IUD inserted?

1. HEALTH CENTER
2. POLICLINIC
3. FAMILY PLANNING CLINIC
4. GOV HOSPITAL-MATERNITY WARD
5. PRIVATE CLINIC OR OFFICE
6. MARIE STOPES

545. After the IUD was inserted, when did the physician tell you to come back for a routine check-up?

\_\_\_ WEEKS

00 DID NOT SAY TO COME BACK FOR CHECK-UP

33 AFTER THE FIRST PERIOD

44 SAID TO COME BACK ANYTIME SHE WANTS

55 SAID TO COME BACK ONLY WHEN SHE HAS SPECIFIC PROBLEMS

77 OTHER (SPECIFY) \_\_\_\_\_

88 DON'T REMEMBER

546. When the IUD was inserted, did the physician tell you how to check that the IUD is in place?

1. YES
2. NO
8. DON'T REMEMBER

547. Did the physician tell you how long the IUD could be left in place?

1. YES
2. NO
8. DON'T REMEMBER

548. Thinking back to the first year after you had this IUD inserted, did you have any health problems or side effects that you think are related to your IUD?

1. YES
2. NO → **GO TO BOX 5-V ON NEXT PAGE**

549. What kind of problem or side effect did you have? ? (CIRCLE ALL MENTIONED, DO NOT READ LIST)

	<u>MENTIONED</u>	<u>NOT MENTIONED</u>
A. ABDOMINAL CRAMPING	1	2
B. HEAVY BLEEDING DURING MENSTRUAL PERIODS	1	2
C. SPOTTING/BLEEDING BETWEEN PERIODS	1	2
D. INFECTION/DISCHARGE/PID	1	2
E. PARTNER'S COMPLAINS ABOUT THE STRINGS	1	2
F. EXPULSION	1	2
G. OTHER (SPECIFY) _____	1	2

550. Did you see a doctor for this(ese) problem(s)?

1. YES
2. NO

**BOX 5-V**

**IF ANY CONTRACEPTIVE METHOD WAS USED IN THE LAST MONTH (LAST CELL IN COLUMN 2 >"0") THEN GO TO Q553; ELSE CONTINUE**

551. Do you think you are physically able to get pregnant at the present time?

1. YES → **GO TO Q553**
2. NO
3. NOT SURE
4. CURRENTLY PREGNANT → **GO TO Q553**

552. What is the main reason why you think you cannot get pregnant?

1. RESPONDENT DOES NOT HAVE A PARTNER/ IS NOT SEXUALLY ACTIVE
2. CURRENTLY BREAST-FEEDING /POSTPARTUM
3. PELVIC INFLAMMATORY DISEASE (PID)
4. ENDOCRINE DYSFUNCTION
5. HYSTERECTOMY (SURGICAL REMOVAL OF UTERUS) → **GO TO Q558 PAGE 34**
6. PREMENOPAUSE/ MENOPAUSE → **GO TO Q558 PAGE 34**
7. OVARIAN CYSTS/ OVARIAN DYSFUNCTION → **GO TO Q557 PG. 34**
8. RESPONDENT HAD BOTH TUBES REMOVED OR OBSTRUCTED → **GO TO Q557 PG. 34**
9. HAS TRIED TO GET PREGNANT IN THE PAST 2 YEARS AND DID NOT SUCCEED → **GO TO Q557 PG. 34**
10. PARTNER HAD A MEDICAL OPERATION AND CANNOT HAVE CHILDREN → **GO TO Q557 PG. 34**
11. PARTNER IS INFERTILE → **GO TO Q557 PG. 34**
12. CURRENTLY USES A METHOD (**GO BACK TO Q504 AND CORRECT IT**)
20. OTHER (SPECIFY) \_\_\_\_\_
88. DO NOT KNOW
99. REFUSE TO ANSWER

553. Looking to the future, do you yourself intend to have (a/another) baby at some time (IF CURRENTLY PREGNANT **ADD** "...after this pregnancy"?)

1. WANTS A BABY
2. DOES NOT WANT A BABY → **GO TO Q555**
3. RESPONDENT WANTS A BABY BUT PARTNER DISAGREES
4. RESPONDENT DOES NOT WANT A BABY BUT PARTNER WANTS → **GO TO Q555**
8. DK → **GO TO Q555**

554. When do you, yourself, actually want to get pregnant (again)...**(READ 1-4)**
1. Right away, **(DO NOT READ IF THE WOMAN IS ALREADY PREGNANT)**
  2. Within the next 12 months,
  3. Within 1-2 years,
  4. or after 2 years?
  6. AFTER SHE MARRIES
  7. WHEN GOD WANTS
  8. DK
555. **IF Q553 =1,3, OR 8 BEGIN WITH: “After having all the children you want,...” )**  
Do you think you would be interested in having an operation to prevent you from having any more children?

1. YES → **GO TO Q558**
2. NO
3. ALREADY STERILIZED → **GO TO Q558**
8. NOT SURE

556. What is the most important reason you wouldn't be interested in such a procedure?

1. HEALTH RISKS/FEAR OF SIDE EFFECTS
2. FEAR OF OPERATION
3. DOESN'T KNOW ENOUGH ABOUT /NEVER HEARD OF STERILIZATION
4. MIGHT WANT ANOTHER CHILD
5. COST
6. DOES NOT HAVE A PARTNER/NOT SEXUALLY ACTIVE
7. AGE TOO YOUNG OR TOO OLD (APPROACHING MENOPAUSE)
8. HAVEN'T THOUGHT ABOUT IT
9. NOT CULTURALLY ACCEPTABLE
10. RELIGIOUS REASONS
11. PREFERS (OR USES) OTHER CONTRACEPTIVE METHODS
12. CANNOT GET PREGNANT (INFERTILITY, MEDICAL REASONS)
20. OTHER \_\_\_\_\_

88. DON'T KNOW

**GO TO Q558**

557. Looking to the future, do you yourself intend to seek any medical help to have a(nother) baby ?

1. YES
2. NO
3. RESPONDENT WANTS A BABY BUT PARTNER DISAGREES
4. RESPONDENT DOES NOT WANT A BABY BUT PARTNER WANTS
8. DK

558. The next questions are about any infertility services you may have ever received. This includes any medical help to become pregnant that you or your husband(s)/partner(s) may have received. Have you or your husband(s)/partner(s) ever been to a doctor or other medical care provider to talk about ways to help you become pregnant?

1. YES
2. NO → **GO TO Q571**
8. DK/NR → **GO TO Q571**

565. Thinking back to your or your partner's first visit when you sought medical help for becoming pregnant, in what month and year was that visit (IF PARTNER 1ST VISIT PRECEDED HERS, RECORD THAT DATE)

\_\_\_\_ MONTH

\_\_\_\_ YEAR

88. DK/NOT REMEMBER

566. When you first went for medical help in (MONTH/YEAR), how many months or years had you (and your husband/partner) been trying to become pregnant?
1. \_\_\_\_ MONTHS OR 2. \_\_\_\_ YEARS 888. DK/DR
567. When you and your husband or partner went for medical help to become pregnant were you ever told that you or he had any of the following infertility problems: **(READ A-E AND CODE ALL THAT APPLY.)**
- |   | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| A. Problems with ovulation (includes hormonal dysfunction)? .....                                   | 1          | 2         |
| B. Blocked tubes? .....   | 1          | 2         |
| C. Endometriosis (a disease in which tissue from the inside of uterus fixes to other places)? ..... | 1          | 2         |
| D Semen or sperm problems (low count, poor motility, varicocele) ? .....                            | 1          | 2         |
| E. Any other infertility problems? <b>(SPECIFY)</b> .....   | 1          | 2         |
568. During the past 12 months, were you (and your (husband/partner)) pursuing medical help to become pregnant?
1. YES  
2. NO → **GO TO Q570**
569. During the past 12 months, how many visits have you or your husband/partner made to a doctor to help you to get pregnant?
- \_\_\_\_ VISITS 88. DK/DR
570. In what month and year was your (most recent/last) visit for help to become pregnant?
- A. \_\_\_\_ MONTH B. \_\_\_\_ YEAR 88. DK/NOT REMEMBER
571. Have you ever been treated for an infection in your fallopian tubes, womb, or ovaries, also called a pelvic infection, pelvic inflammatory disease, or P.I.D.? (IF DON'T KNOW, PROBE: This is a female infection that sometimes causes abdominal pain or lower stomach cramps.) NOTE: INFECTIONS OF THE VAGINA ALONE, ENDOMETRIOSIS, PELVIC TUMORS, AND CYSTS DO NOT COUNT AS PELVIC INFECTIONS
1. YES  
2. NO → **GO TO MODULE VI**  
8. DK/NR → **GO TO MODULE VI**
572. Were you having any symptoms, such as pain, discharge, or bleeding, that caused you to go for treatment?
1. YES  
2. NO
573. Please try to remember when you first received treatment for a pelvic infection or P.I.D. In what month and year was that?
- \_\_\_\_ MONTH \_\_\_\_ YEAR 88. DK/NOT REMEMBER
574. In what month and year did you last receive treatment for a pelvic infection or P.I.D.?
- \_\_\_\_ MONTH \_\_\_\_ YEAR 88. DK/NOT REMEMBER
575. Altogether, how many different times have you been hospitalized one night or longer for a pelvic infection?
1. NEVER → **GO TO MODULE VI**  
2. ONCE  
3. 2-3 TIMES  
4. 4 TIMES OR MORE  
8. DO NOT REMEMBER
576. Overall, how many nights did you spend in the hospital for a pelvic infection or P.I.D.? \_\_\_\_ NIGHTS

**VI. WOMEN'S HEALTH**

Now I would like to ask you some questions about your health.

601. In the past 12 months, have you visited any health facility for care for yourself, including obtaining preventive services, such as family planning counselling or health check-ups?

1. YES
2. NO → **GO TO Q604**
8. DK/DO NOT REMEMBER → **GO TO Q604**

602. Where did you receive these services (CIRCLE ALL MENTIONED AND PROBE "Any Other Place")?

	<b><u>MENTIONED</u></b>	<b><u>NOT MENTIONED</u></b>
A. GOVT. HEALTH CLINIC OR HOSPITAL .....	1	2
B. PRIVATE HEALTH CLINIC OR HOSPITAL .....	1	2
C. INTERNATIONAL RELIEF ORGANIZATION (e.g. Red Cross) .....	1	2
D. LOCAL NGO (e.g. Albanian Family Planning) .....	1	2
E. MARIE STOPES .....	1	2
F. OTHER .....	1	2

603. During your visit in the past 12 months at the health facility, did a doctor or medical provider talk to you about family planning methods?

1. YES
2. NO
8. DK

604. Many different factors can prevent women from getting medical advice or treatment for themselves. When you want to get medical advice or treatment, is each of the following a big problem or not (**READ A -G**)?

	<b><u>BIG PROBLEM</u></b>	<b><u>NOT A BIG PROBLEM</u></b>
A. Knowing where to go. ....	1	2
B. Getting permission to go .....	1	2
C. Getting money needed for treatment .....	1	2
D. The distance to the health facility .....	1	2
E. Having to take transport .....	1	2
F. Not wanting to go alone .....	1	2
G. Concern that there may not be a female health provider .....	1	2

605. Have you ever had a routine gynecologic exam (**PHYSICAL EXAMINATION OF EXTERNAL AND INTERNAL GENITAL AREA FOR DIAGNOSTIC OTHER THAN PREGNANCY**)?

1. YES → **GO TO Q607**
2. NO
8. NR

606. What is the most important reason that you have never had a routine gynecologic exam?

1. DOES NOT NEED TO GO TO GYNECOLOGIC EXAM
2. SHE IS HEALTHY AND HAS NOT GYNECOLOGIC PROBLEMS
3. THERE IS NOT TIME TO GO FOR EXAM
4. SHE FORGETS ABOUT IT
5. SHE DOES NOT LIKE GYNECOLOGIC EXAM
6. IT IS DIFFICULT TO GET APPOINTMENT
7. DOES NOT LIKE PLACE/FACILITY
8. DOES NOT LIKE THE STAFF
9. WAITING TIME IS TOO LONG
10. DOCTOR DID NOT RECOMMEND
11. SHE IS EMBARRASSED TO HAVE GYNECOLOGIC EXAM
12. NEVER THOUGHT ABOUT IT
13. DOES NOT KNOW WHERE TO GO FOR SUCH AN EXAM
14. CANNOT AFFORD THE COST
15. NEVER HAD SEXUAL INTERCOURSE (VIRGIN)
20. OTHER .....
88. DK/NOT RESPONSE

<b>GO TO Q608</b>
-------------------



- 
607. When was your last routine gynecologic exam (not pregnancy related)? **(READ 1-4)**
1. During the past 12 months
  2. 1-2 years ago (12-23 MTH)
  3. 2-3 years ago (24-35 MTH)
  4. 3 or more years ago
  8. DK/DR
608. Have you ever had a cervical smear (a test that takes a sample of cells from the cervix, or opening to the uterus to detect cancer) , also called Papanicolaou test?
1. YES → **GO TO Q610**
  2. NO
  8. DK
  9. REF
609. What is the main reason you have never had a Pap smear?
1. NEVER HEARD OF IT
  2. DOCTOR HAS NOT RECOMMENDED IT
  3. SHE IS HEALTHY AND HAS NO GYNECOLOGIC PROBLEMS
  4. SHE DOES NOT FEEL TEST IS NECESSARY
  5. DOES NOT HAVE TIME TO GO FOR A TEST/ SHE FORGETS ABOUT IT
  6. NEVER THOUGHT OF IT
  7. SHE IS AFRAID OF THE RESULTS
  8. SHE IS AFRAID IT COULD BE PAINFUL
  9. TOO EMBARRASSED TO GET THE TEST OR A PELVIC EXAM.
  10. SHE HAD NO PARTNER/ NOT SEXUALLY ACTIVE
  11. NEVER HAD SEXUAL INTERCOURSE
  20. OTHER (SPECIFY): \_\_\_\_\_
  88. DON'T KNOW
  99. REFUSE TO ANSWER

**GO TO Q611**

10. When did you have your last Pap smear? Was it...**(READ 1-4)**
1. within the last year, (0 TO 11 MONTHS AGO)
  2. 1 to 2 years ago, (12 TO 23 MONTHS AGO)
  3. 2-3 years ago, (24 to 35 MONTHS AGO)
  4. more than 3 years ago? (36+MONTHS AGO)
  8. DON'T KNOW
611. Have you heard about breast self-examinations?
1. YES
  2. NO → **GO TO Q614**
612. Do you ever do breast self-examinations?
1. YES
  2. NO → **GO TO Q614**
613. How often do you do it, on average?
1. ONCE A MONTH/AFTER EACH MENSTRUATION
  2. EVERY 2-5 MONTHS
  3. EVERY 6-11 MONTHS
  4. ONCE PER YEAR OR LESS

614. Have you ever tried cigarette smoking, even one or two puffs?

1. YES
2. NO → **GO TO 621**

615. How old were you when you smoked a cigarette for the first time?

- |              |                      |
|--------------|----------------------|
| ___ __ YEARS | 88. DO NOT REMEMBER  |
|              | 99. REFUSE TO ANSWER |

616. Have you smoked at least 100 cigarettes in your entire life? (**PROBE:** 100 cigarettes is about 5 packs)

1. YES
2. NO → **GO TO 621**
8. DK → **GO TO 621**
9. REF → **GO TO 621**

617. How old were you when you first started smoking fairly regularly?

- |              |                            |
|--------------|----------------------------|
| ___ __ YEARS | 00. NEVER SMOKED REGULARLY |
|              | 88. DO NOT REMEMBER        |
|              | 99. REFUSE TO ANSWER       |

618. During the last 30 days, did you smoke cigarettes: (**READ 1-4**)

1. Every Day
2. Almost Every Day
3. Some Days
4. Not at All in the last 30 days → **GO TO Q620**
9. REF → **GO TO Q620**

619. During the last 30 days, on the days you smoked, how many cigarettes did you smoke per day?

1. 1 CIGARETTE PER DAY
2. 2-5 CIGARETTES PER DAY
3. 6-10 CIGARETTES PER DAY
4. 11-19 CIGARETTES PER DAY
5. 20 OR MORE CIGARETTES PER DAY

<b>GO TO Q621</b>
-------------------

620. In what month and year did you last smoke cigarettes at all? (**PROBE FOR SEASON IF MONTH IS UNKNOWN**)

- |              |                   |                     |
|--------------|-------------------|---------------------|
| ___ __ MONTH | ___ __ __ __ YEAR | 88. DO NOT REMEMBER |
|              |                   | 99. REF             |

621. Now, I will ask you about some medical conditions that you may have had. Has a doctor or other medical care provider ever told you that you had Diabetes or “high sugar”?

1. YES
2. NO → **GO TO Q623**
8. NOT SURE → **GO TO Q623**
9. REFUSAL → **GO TO Q623**

622. Were you ever told you had diabetes when you were not pregnant?

1. YES
2. NO
3. NEVER BEEN PREGNANT

623. Has a doctor or other medical care provider ever told you that you had Anemia, or “thin blood”?

1. YES
2. NO → **GO TO Q625**
8. NOT SURE → **GO TO Q625**
9. REFUSAL → **GO TO Q625**

624. Were you ever told you had anemia or “thin blood” when you were not pregnant?

1. YES
2. NO
3. NEVER BEEN PREGNANT

625. Has a doctor or other medical care provider ever told you that you had Hypertension or High Blood Pressure?

1. YES
2. NO → **GO TO Q627**
8. NOT SURE → **GO TO Q627**
9. REFUSAL → **GO TO Q627**

626. Were you ever told you had Hypertension or High Blood Pressure when you were not pregnant?

1. YES
2. NO
3. NEVER BEEN PREGNANT

627. In the past 12 months have you had any of the following symptoms?

	<u><b>YES</b></u>	<u><b>NO</b></u>	<u><b>NOT SURE</b></u>
A. Vaginal discharge with a bad smell	1	2	8
B. Itching or burning in the genital area	1	2	8
C. Burning pain on urination	1	2	8
D. Pain during sexual intercourse	1	2	8
E. Sore, ulcer or warts in genital area	1	2	8
F. Swelling in genital area	1	2	8

**IF ALL Q627\_A—Q627\_F >1 (NO SYMPTOMS IN THE PAST 12 MONTHS) GO TO Q631; ELSE CONTINUE**

628. Did you have any treatment for this(ese) condition(s)?

1. YES
2. NO → **GO TO Q630**
8. NOT SURE → **GO TO Q630**

629. Who treated you?

- |                               |                      |
|-------------------------------|----------------------|
| 1. OB/GYN                     | 7. PARTNER           |
| 2. FAMILY DOCTOR/GP           | 8. FRIEND/RELATIVE   |
| 3. DERMATOLOG                 | 9. SELF-TREATMENT    |
| 4. INFECTIOUS DISEASES DOCTOR | 20. OTHER: _____     |
| 5. NURSE/MIDWIFE              | 99. REFUSE TO ANSWER |
| 6. PHARMACIST                 |                      |

**GO TO Q631**

630. What was the main reason you did not seek treatment?

1. SERVICES TOO FAR AWAY / INACCESSIBLE
2. DON'T KNOW WHERE TO GO FOR SERVICES
3. CANNOT AFFORD SERVICES OR TREATMENT
4. AFRAID OF KNOWING THE RESULTS
5. IT IS EMBARRASSING
6. DID NOT THINK WAS AN STD
7. SYMPTOM(S) DISAPPEARED
8. OTHER (SPECIFY) \_\_\_\_\_
9. REFUSE

631. In the past 3 months, have you had a drink containing alcohol, that is a beer, a glass of wine, a cocktail, a shot of liquor, vodka, or whiskey?

1. YES
2. NO → **GO TO MODULE VII**
8. NOT SURE/DO NOT REMEMBER → **GO TO MODULE VII**
9. REFUSE → **GO TO MODULE VII**

632. In the past 3 months, on the days that you drank alcohol, how many drinks did you usually have?

\_\_\_\_\_ # OF DRINKS

00. NO DRINKS/ONLY FEW SIPS → **GO TO MODULE VII**
88. NOT SURE/DO NOT REMEMBER → **GO TO MODULE VII**
99. REFUSE → **GO TO MODULE VII**

633. In the past 3 months, how often did you drink that amount (PROBE: per day, week, or month)?

1. EVERYDAY
2. ALMOST EVERY DAY
3. 1-2 TIMES A WEEK
4. 2-3 TIMES A MONTH
5. ONCE A MONTH
6. 1-2 TIMES IN THREE MONTHS

634. In the past 3 months, have there been days when you had more than usual (# **FROM Q632**) drinks?

1. YES
2. NO → **GO TO MODULE VII**
8. NOT SURE/DO NOT REMEMBER → **GO TO MODULE VII**
9. REFUSE → **GO TO MODULE VII**

635. In the past 3 months, how many drinks did you have on the days that you drank more than usual (# **FROM Q632**)? (**CHECK IF # FROM Q635 > # FROM Q632**)

\_\_\_\_\_ # OF DRINKS

88. NOT SURE/DO NOT REMEMBER → **GO TO MODULE VII**
99. REFUSE → **GO TO MODULE VII**

636. How often did you drink that amount?

1. EVERYDAY
2. ALMOST EVERY DAY
3. 1-2 TIMES A WEEK
4. 2-3 TIMES A MONTH
5. ONCE A MONTH
6. 1-2 TIMES IN THREE MONTHS

---

## VII REPRODUCTIVE HEALTH KNOWLEDGE/ATTITUDES

700. What do you think is the ideal number of children for a young family in Albania?

- |                 |                         |
|-----------------|-------------------------|
| 0. 0 CHILDREN   | 6. 3-4 CHILDREN         |
| 1. 1 CHILD      | 7. 4 CHILDREN           |
| 2. 1-2 CHILDREN | 8. 5 OR MORE            |
| 3. 2 CHILDREN   | 9. AS MANY AS GOD GIVES |
| 4. 2-3 CHILDREN | 77. AS MANY AS POSSIBLE |
| 5. 3 CHILDREN   | 88. DON'T KNOW          |

701. During a woman's menstrual cycle, are there certain days when she is more likely to become pregnant if she has sexual relations?

1. YES
2. NO → **GO TO 702**
8. DO NOT KNOW → **GO TO 702**

701A. When is it most likely for a woman to become pregnant, just before her period begins, during her period, right after her period has ended, or halfway between two periods?

- 1 Just before her period starts
- 2 During her period
- 3 Right after period ends
- 4 Halfway between her periods
- 8 DON'T KNOW

702. Do you think that breastfeeding increases, decreases or has no effect on a woman's chance to get pregnant?

1. INCREASES THE CHANCE
2. DECREASES THE CHANCE
3. HAS NO EFFECT
8. DO NOT KNOW

703. Do you think that a woman always has the right to decide about her pregnancy, including whether or not to have an abortion?

1. YES → **GO TO Q705**
2. NO
3. DO NOT KNOW

704. Under which of the following conditions is it all right for a woman to have an abortion (**READ A-F**)?

	<u>YES</u>	<u>NO</u>	<u>DEPENDS</u>	<u>DK</u>
A. Her life is endangered by the pregnancy	1	2	3	8
B. The fetus has a physical deformity	1	2	3	8
C. The pregnancy has resulted from rape	1	2	3	8
D. Her health is endangered by the pregnancy	1	2	3	8
E. She is unmarried	1	2	3	8
F. The couple cannot afford to have a(nother) child	1	2	3	8

705. If a woman had an unwanted pregnancy what should she do? (**READ 1-3**):

1. Have the baby and keep it
2. Have the baby and give it up for adoption
3. Have an abortion
8. DON'T KNOW

## Appendix C

706. I would like to know if you are in agreement with the following statements (**READ A-I**):

	<u><b>AGREE</b></u>	<u><b>DISAGREE</b></u>	<u><b>DK</b></u>
A. A woman can become pregnant the first time she has sexual intercourse	1	2	8
B. All people should get married	1	2	8
C. A woman should be a virgin when she marries	1	2	8
D. The main job for a woman is to take care of the home and cook for her family	1	2	8
E. A married woman needs her husband's permission to work outside the home	1	2	8
F. If a woman works, she should give her money to her husband	1	2	8
G. If a woman works, her husband should help her with the household chores	1	2	8
H. The men in the family should have the final say in all family matters	1	2	8
I. Child care is a woman job	1	2	8

707. Who do you think should decide how many children a couple should have (**READ 1-5**)?

1. The woman,
2. The man,
3. Both
4. Mother in law, or
5. God?
8. DON'T KNOW

708. How would you rank each of the following birth control methods (**SHOW CARD C**) with regard to their risk of developing health problems; please tell me if the risk is low, medium, or high:

	<u><b>Low Risk</b></u>	<u><b>Medium Risk</b></u>	<u><b>High Risk</b></u>	<u><b>DK</b></u>
A. Pill	1	2	3	8
B. IUD	1	2	3	8
C. Condom	1	2	3	8
D. Tubal Ligation	1	2	3	8
E. Injectables	1	2	3	8
F. Abortion on Request	1	2	3	8

### BOX 7-I

**IF Q400\_A=2 ON PAGE 20 (NEVER HEARD OF PILLS), GO TO BOX 7-II BELOW**

710. Please tell me if you agree or disagree with the following statements about birth control pills (**READ A-J**):

	<u><b>AGREE</b></u>	<u><b>DISAGREE</b></u>	<u><b>DK</b></u>
A. Pills are easy to use	1	2	8
B. Pills are easy to get	1	2	8
C. Pills are too expensive	1	2	8
D. It is stressful to remember to take the pill every day	1	2	8
E. Pills protect against some gynecologic cancers	1	2	8
F. Pills may make you gain weight	1	2	8
G. Pills make women's periods more regular	1	2	8
H. Pills decrease blood loss during menstruation	1	2	8
I. Pills decrease menstrual cramps and pain	1	2	8
J. Pills are bad for blood circulation	1	2	8

### BOX 7-II

**IF Q400\_B=2 ON PAGE 20 (NEVER HEARD ABOUT IUD), GO TO Q712**

711. Please tell me if you agree or disagree with the following statements about IUDs (READ A-G:

	<u>AGREE</u>	<u>DISAGREE</u>	<u>DK</u>
A. IUD is easy to use	1	2	8
B. IUD increases the risk of pelvic inflammatory disease	1	2	8
C. IUD is a relatively inexpensive contraceptive method	1	2	8
D. IUD may cause spotting between periods	1	2	8
E. IUD may increase the blood loss during menses	1	2	8
F. IUD increases menstrual pains	1	2	8
G. IUD decreases the risk of ectopic pregnancy	1	2	8

712. Do you want to have more information about contraceptive methods?

1. YES
2. NO → **GO TO Q714**
8. DON'T KNOW → **GO TO Q714**

713. Who do you think would be the best source of information about contraceptive methods?

- |                                    |                                      |
|------------------------------------|--------------------------------------|
| 1. MOTHER                          | 10. NURSE, MIDWIFE                   |
| 2. OTHER RELATIVE                  | 11. TEACHER                          |
| 3. BOYFRIEND                       | 12. PHARMACIST                       |
| 4. HUSBAND, PARTNER                | 13. BOOKS                            |
| 5. SOMEBODY WHO USES CONTRACEPTION | 14. NEWSPAPERS, MAGAZINES, BROCHURES |
| 6. CO-WORKER                       | 15. RADIO → <b>GO TO Q715</b>        |
| 7. FRIEND, COLLEAGUE, PEER         | 16. TV- → <b>GO TO Q715</b>          |
| 8. GYNECOLOGIST                    | 20. OTHER (SPECIFY): _____           |
| 9. GENERAL PRACTITIONER            | 88. DON'T REMEMBER                   |

714. Do you think that information about contraception should be broadcast on radio or television?

1. YES
2. NO
8. DO NOT KNOW

715. Some people use condoms to keep from getting sexual transmitted diseases. How effective do you think a properly used condom is for this purpose? (**READ 1-3**)

1. Very Effective
2. Somewhat effective
3. Not effective
8. DON'T KNOW

#### **BOX 7-IV**

<b>IF RESPONDENT IS 15-24 YEARS OF AGE CONTINUE; IF SHE IS 25-44 YEARS GO TO SECTION VIII</b>
---

718. Have you ever talked to a partner about him using a condom?

1. YES
2. NO
3. NEVER HAD A SEXUAL PARTNER → **GO TO Q721**
8. DON'T REMEMBER
9. REFUSE

719. Have you ever asked a partner to use a condom?

1. YES
2. NO → **GO TO Q721**
8. DON'T REMEMBER → **GO TO Q721**
9. REFUSE → **GO TO Q721**

720. Has any of the following ever happened because you asked a partner to wear a condom..... **(READ A-F)**  
**(ANY OF THESE INCIDENTS COULD HAVE HAPPENED MORE THAN ONCE, WITH THE SAME PARTNER OR DIFFERENT PARTNERS)**

	<u>YES</u>	<u>NO</u>	<u>DK</u>	<u>REF</u>
A. Did a partner refuse to wear a condom?	1	2	8	9
B. Did a partner refuse to have sexual intercourse with you?	1	2	8	9
C. Did a partner threaten to break up with you?	1	2	8	9
D. Did a partner yell at you or threaten to hurt you?	1	2	8	9
E. Did a partner make you have sex anyway without a condom?	1	2	8	9
F. Did a partner physically hurt you?	1	2	8	9

721. If your partner/husband would want to use a condom when having sex with you, would you feel: **(READ A-E)**

	<u>AGREE</u>	<u>DISAGREE</u>	<u>DK</u>	<u>REF</u>
A. Insulted or angry?	1	2	8	9
B. Safe from getting pregnant?	1	2	8	9
C. Like you had done something wrong?	1	2	8	9
D. Safe from getting STD or HIV/AIDS?	1	2	8	9
E. Suspicious that he may sleep around?	1	2	8	9

722. Please indicate whether you agree or disagree with the following statements about condoms **(READ A-H):**

	<u>AGREE</u>	<u>DISAGREE</u>	<u>DK</u>	<u>REF</u>
A. Using condoms with a new partner is a smart idea	1	2	8	9
B. Using condoms is not necessary if you know your partner	1	2	8	9
C. Women should ask their partners to use condoms	1	2	8	9
D. It is easy to discuss using a condom with a prospective partner	1	2	8	9
E. Condoms diminish sexual enjoyment	1	2	8	9
F. Same condoms can be used more than once	1	2	8	9
G. People who use condoms sleep around a lot	1	2	8	9
H. It is embarrassing to ask for condoms in FP clinics or pharmacies	1	2	8	9



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## VIII. SOCIOECONOMIC CHARACTERISTICS

800. Please tell me whether this household or any member of it has the following items: **(READ A-I):**

	<u>YES</u>	<u>NO</u>
A. Flush Toilet	1	2
B. Heating System	1	2
C. Refrigerator	1	2
D. TV	1	2
E. Working Automobile	1	2
F. VCR	1	2
G. Household phone	1	2
H. Cellular phone	1	2
I. Vacation home (villa)	1	2
J. Air Conditioner	1	2
K. Gas or Electric Stove	1	2
L. Computer	1	2
M. Satellite Antenna	1	2

801. Does your family have access to a garden where you grow your own vegetables?

1. YES
2. NO

802. What is the main source of drinking water for members of your household?

1. PIPED WATER (PIPED INTO RESIDENCE OR YARD) → **GO TO Q804**
2. PIPED WATER (PUBLIC TAP)
3. WELL WATER (RESIDENCE OR YARD) → **GO TO Q804**
4. PUBLIC WELL
5. SURFACE WATER (SPRING, RIVER, POND, LAKE)
6. RAIN WATER → **GO TO Q804**
7. BOTTLED WATER → **GO TO Q804**

803. How long does it take to go to the water source, get water and come back, in minutes? \_\_\_\_ MINUTES

804. Which of the following describes your living arrangements. Do you live: **(READ 1-5)**

1. In your privately owned flat or house
2. In rented space (room, flat or house)
3. With your immediate family (NO RENT)
4. With other relatives (NO RENT)
5. With friends (NO RENT)
7. OTHER (SPECIFY): \_\_\_\_\_

805. How many rooms are occupied by you and your family (not including bathrooms and kitchen): \_\_\_\_ ROOMS

806. How many hours per day do you have electricity? \_\_\_\_ HOURS 88 DK/NOT SURE

807. What is your ethnic background?

- |                 |                                    |
|-----------------|------------------------------------|
| 1. ALBANIAN     | 5. ALBANIAN FROM KOSOVO            |
| 2. GREEK        | 6. MIXED ETHNICITY (SPECIFY) _____ |
| 3. GYPSY (ROMA) | 7. OTHER (SPECIFY): _____          |
| 4. MACEDONIAN   | 9. REFUSED/NOT STATED              |

808. What is your religion?

1. MUSLIM
2. ORTHODOX
3. CATHOLIC
4. PROTESTANT (BAPTIST, LUTHERAN, PENTECOSTAL, ETC)
7. OTHER (SPECIFY): \_\_\_\_\_
8. NO RELIGION → **GO TO Q900**
9. UNDECLARED → **GO TO Q900**

809. About how often do you usually attend religious services? **(READ 1-5)**

1. At least once a week
2. At least once a month, but less than once a week
3. Less than once a month
4. Only on holidays, or
5. Never

**IX-A. AIDS/STDs**

The next set of questions are about sexually transmitted infections Including HIV/ AIDS. For each of the following conditions please tell me if:

CONDITION	<b>900.</b> Have you ever heard of it?	<b>901.</b> Have you ever been tested for...?	<b>902.</b> Have you ever been told that you have...?	<b>903.</b> Did you take any treatment for...?	<b>904.</b> Who treated you for ...? (SEE CODES BELOW)
A. Syphilis	1. YES 2. NO → B	1. YES 2. NO → B 8. DK → B	1. YES 2. NO → B 8. DK/DR → B	1. YES 2. NO → B 8. DK/DR → B	_____
B. Gonorrhea	1. YES 2. NO → C	1. YES 2. NO → C 8. DK → C	1. YES 2. NO → C 8. DK/DR → C	1. YES 2. NO → C 8. DK/DR → C	_____
C. Chlamydia	1. YES 2. NO → D	1. YES 2. NO → D 8. DK → D	1. YES 2. NO → D 8. DK/DR → D	1. YES 2. NO → D 8. DK/DR → D	_____
D. Yeast Infection	1. YES 2. NO → E	1. YES 2. NO → E 8. DK → E	1. YES 2. NO → E 8. DK/DR → E	1. YES 2. NO → E 8. DK/DR → E	_____
E. Genital Herpes	1. YES 2. NO → F	1. YES 2. NO → F 8. DK → F	1. YES 2. NO → F 8. DK/DR → F	1. YES 2. NO → F 8. DK/DR → F	_____
F. Genital Warts	1. YES 2. NO → G	1. YES 2. NO → G 8. DK → G	1. YES 2. NO → G 8. DK/DR → G	1. YES 2. NO → G 8. DK/DR → G	_____
G. Trichomoniasis	1. YES 2. NO → H	1. YES 2. NO → H 8. DK → H	1. YES 2. NO → H 8. DK/DR → H	1. YES 2. NO → H 8. DK/DR → H	_____
H. HIV/AIDS	1. YES 2. NO → Q905	1. YES → Q905 2. NO → Q905 8. DK → Q905			

**CODES FOR Q904:**

- |                               |                      |
|-------------------------------|----------------------|
| 1. OB/GYN                     | 7. PARTNER           |
| 2. FAMILY DOCTOR/GP           | 8. FRIEND/RELATIVE   |
| 3. DERMATOLOG                 | 9. SELF-TREATMENT    |
| 4. INFECTIOUS DISEASES DOCTOR | 20. OTHER: _____     |
| 5. NURSE/MIDWIFE              | 99. REFUSE TO ANSWER |
| 6. PHARMACIST                 |                      |

905. If a woman has a sexually transmitted disease, what symptoms might she have?  
(RECORD ALL MENTIONED, DO NOT READ LIST)

	<u>YES</u>	<u>NO</u>
A. ABDOMINAL PAIN	1	2
B. VAGINAL DISCHARGE	1	2
C. FOUL SMELLING DISCHARGE	1	2
D. BURNING PAIN ON URINATION	1	2
E. REDNESS/INFLAMMATION IN GENITAL AREA	1	2
F. SWELLING IN GENITAL AREA	1	2
G. GENITAL SORES/ULCERS OR WARTS	1	2
H. GENITAL ITCHING	1	2
I. WEIGHT LOSS		1
J. HARD TO GET PREGNANT/HAVE A CHILD	1	2

906. Do you know a place where you could get an HIV/AIDS test?

1. YES
2. NO

907. In general, what has been your most important source of information about STDs including AIDS?  
(Where or from whom have you learned the most about STDs?)

1. MOTHER	11. FAMILY DOCTOR, GP
2. FATHER	12. NURSE, MIDWIFE, FELDCHER
3. OTHER RELATIVE	13. TEACHER
4. BOYFRIEND	14. PHARMACIST
5. HUSBAND, PARTNER	15. SPECIALITY BOOKS
6. SOMEBODY WHO HAD STDs	16. NEWSPAPERS, MAGAZINES, BROCHURES, FLYERS
7. FRIENDS COLLEAGUES, PEERS	17. RADIO
8. OB/GYN DOCTOR	18. TV
9. DERMATOLOGIST	20. OTHER (SPECIFY): _____
10. INFECTIOUS DISEASES DOCTOR	77. NEVER HEARD OF ANY STDs (Q900_A--Q900_H=2)
	99. DR/REF.

908. In the past 6 months, have you seen or heard any public announcements or ads on television or radio about:  
(READ A-D, PROBE FOR BOTH)

	<u>YES, RADIO</u>	<u>YES, TV</u>	<u>YES, BOTH</u>	<u>NO</u>	<u>DO NOT REMEMBER</u>
A. HIV/AIDS	1	2	3	4	8
B. Other STDs	1	2	3	4	8
C. Condoms	1	2	3	4	8
D. Modern Contraceptive Methods	1	2	3	4	8

**IF Q900\_H =2 (NEVER HEARD OF HIV/AIDS) GO TO Q914; ELSE CONTINUE**

909. Do you think that a person can be infected with the HIV virus but have no symptoms of disease?

1. YES
2. NO
8. DK

910. Please tell me whether you think that the AIDS virus can be transmitted in the following ways? (READ A-M)

	<u>YES</u>	<u>NO</u>	<u>DK</u>
A. Through blood transfusion	1	2	8
B. Using public toilets	1	2	8
C. Through kissing	1	2	8
D. Through unprotected sexual intercourse between a man and a woman	1	2	8
E. Through unprotected sexual intercourse between men	1	2	8
F. By shaking hands	1	2	8
G. Using non-sterile syringes or needles	1	2	8
H. Through mosquito bites	1	2	8
I. Sharing plates, forks, or glasses with someone who has HIV/AIDS	1	2	8
J. From a woman who has the AIDS virus to her baby during pregnancy/delivery	1	2	8
K. From a mother to her child through breast milk	1	2	8
L. Getting a manicure, pedicure or haircut	1	2	8
M. Having dental or surgical treatment	1	2	8

911. What can a person do to reduce the risk of getting AIDS?

PROBED

	SPONTANEOUS		PROBED	
	<u>YES</u>	<u>YES</u>	<u>NO</u>	<u>DK</u>
A. USE CONDOMS	1	3	4	8
B. ABSTAIN FROM SEX	1	3	4	8
C. HAVE ONLY ONE PARTNER/STAY FAITHFUL TO ONE PARTNER	1	3	4	8
D. LIMIT NUMBER OF SEXUAL PARTNERS	1	3	4	8
E. AVOID SEX WITH PROSTITUTES	1	3	4	8
F. AVOID SEX WITH BISEXUALS	1	3	4	8
G. DO NOT DONATE BLOOD	1	3	4	8
H. AVOID TRANSFUSIONS	1	3	4	8
I. ASK PARTNER TO GET BLOOD TESTED FOR AIDS	1	3	4	8
J. STERILIZE NEEDLES AND SYRINGES	1	3	4	8
K. DO NOT SHARE RAZORS/BLADES, NEEDLES OR SYRINGES	1	3	4	8
L. OTHER (SPECIFY) _____	1	3	4	8

912. How much of a risk do you think you personally have of getting HIV/AIDS? Would you say you are at **(READ 1-4)**:

1. Great risk,
2. Moderate Risk,
3. Little risk, or
4. No risk at all → **GO TO Q913A**
8. DON'T KNOW → **GO TO Q913B**

913. Why do you think you have any risk of getting AIDS?

1. RECEIVED BLOOD TRANSFUSIONS/BLOOD PRODUCTS
2. HAD MANY SEXUAL PARTNERS/ TRADED SEX FOR MONEY
3. HAD UNPROTECTED INTERCOURSE WITH CASUAL PARTNER(S)
4. USED IV DRUGS/SHARED NEEDLES
5. PARTNER HAD/HAS SEX WITH OTHER WOMEN
6. SHE MAY GET INFECTED WHILE RECEIVING MEDICAL OR DENTAL TREATMENT
7. SHE MAY GET INFECTED GETTING A MANICURE, PEDICURE, OR HAIRCUT
8. OTHER (SPECIFY) \_\_\_\_\_
9. DK/REF

**GO TO Q913B**

913A Why do you think you have no risk of getting AIDS?

1. ONLY ONE PARTNER
2. NO SEXUAL RELATIONS
3. USES CONDOMS
4. CONFIDENCE IN PARTNER
5. DOES NOT GET/NEED TRANSFUSIONS
6. DOES NOT SHARE NEEDLES
7. OTHER (SPECIFY) \_\_\_\_\_
9. DK/REF

913B How much of a risk do you think you personally have of getting other STD? Would you say you are at **(READ 1-4)**:

1. Great risk,
2. Moderate Risk,
3. Little risk, or
4. No risk at all
8. DON'T KNOW

913C Is there a cure for AIDS?

1. Yes Common
2. No-Not common
9. Don't Know

## IX-B VIOLENCE

914. Thinking back to your childhood and adolescence, did you ever see or hear your parents or step-parents physically abuse each other?
1. YES
  2. NO
  3. DID NOT LIVE WITH 2 PARENTS → **GO TO Q916**
  8. DR/REF
915. As a child, have you ever being beaten or physically mistreated in any way by anyone in your family?
1. YES
  2. NO
  8. DR/REF
916. **THE INTERVIEWER SHOULD GO BACK TO PAGE 3 AND RECORD HOW MANY TIMES THE RESPONDENT LIVED WITH A MEN AS HUSBAND AND WIFE (SEE Q111):**  
**\_\_\_ TIMES**

**IF Q916=0 GO TO Q936; IF Q916>0 CONTINUE**

The next set of questions is about violence and physical abuse that may have happened between you and a partner or ex-partner. When we say a partner we mean a husband, ex-husband, as well as any other man you have been living with as husband and wife.

918. Please tell me if any of your partners or ex-partners ever (READ A-H):		919. When was the <b>last time</b> when (A-H) happened to you?	920. During the last year, <b>how many times</b> did (A-H) happen to you?
A. Insulted you, or swore at you?	1. YES → <b>Q919</b> 2. NO → <b>Q918_B</b> 8. DK → <b>Q918_B</b> 9. REF → <b>Q918_B</b>	1. WITHIN THE LAST YEAR → <b>Q920</b> 2. 1-3 YEARS AGO → <b>Q918_B</b> 3. 4-5 YEARS AGO → <b>Q918_B</b> 4. 5 YEARS AGO OR MORE → <b>Q918_B</b>	66. ALMOST DAILY __ __ TIMES 77. WEEKLY 88. DON'T REMEMB. 99. REFUSES
B. Threatened to hurt you or someone you care about?	1. YES → <b>Q919</b> 2. NO → <b>Q918_C</b> 8. DK → <b>Q918_C</b> 9. REF → <b>Q918_C</b>	1. WITHIN THE LAST YEAR → <b>Q920</b> 2. 1-3 YEARS AGO → <b>Q918_C</b> 3. 4-5 YEARS AGO → <b>Q918_C</b> 4. 5 YEARS AGO OR MORE → <b>Q918_C</b>	66. ALMOST DAILY __ __ TIMES 77. WEEKLY 88. DON'T REMEMB. 99. REFUSES
C. Pushed you, shook you, shove you, or threw something at you?	1. YES → <b>Q919</b> 2. NO → <b>Q918_D</b> 8. DK → <b>Q918_D</b> 9. REF → <b>Q918_D</b>	1. WITHIN THE LAST YEAR → <b>Q920</b> 2. 1-3 YEARS AGO → <b>Q918_D</b> 3. 4-5 YEARS AGO → <b>Q918_D</b> 4. 5 YEARS AGO OR MORE → <b>Q918_D</b>	66. ALMOST DAILY __ __ TIMES 77. WEEKLY 88. DON'T REMEMB. 99. REFUSES
D. Slapped you or twisted your arm?	1. YES → <b>Q919</b> 2. NO → <b>Q918_E</b> 8. DK → <b>Q918_E</b> 9. REF → <b>Q918_E</b>	1. WITHIN THE LAST YEAR → <b>Q920</b> 2. 1-3 YEARS AGO → <b>Q918_E</b> 3. 4-5 YEARS AGO → <b>Q918_E</b> 4. 5 YEARS AGO OR MORE → <b>Q918_E</b>	66. ALMOST DAILY __ __ TIMES 77. WEEKLY 88. DON'T REMEMB. 99. REFUSES
E. Hit you with his fist or with something else?	1. YES → <b>Q919</b> 2. NO → <b>Q918_F</b> 8. DK → <b>Q918_F</b> 9. REF → <b>Q918_F</b>	1. WITHIN THE LAST YEAR → <b>Q920</b> 2. 1-3 YEARS AGO → <b>Q918_F</b> 3. 4-5 YEARS AGO → <b>Q918_F</b> 4. 5 YEARS AGO OR MORE → <b>Q918_F</b>	66. ALMOST DAILY __ __ TIMES 77. WEEKLY 88. DON'T REMEMB. 99. REFUSES
F. Threatened you with a knife or other weapon?	1. YES → <b>Q919</b> 2. NO → <b>Q918_G</b> 8. DK → <b>Q918_G</b> 9. REF → <b>Q918_G</b>	1. WITHIN THE LAST YEAR → <b>Q920</b> 2. 1-3 YEARS AGO → <b>Q918_G</b> 3. 4-5 YEARS AGO → <b>Q918_G</b> 4. 5 YEARS AGO OR MORE → <b>Q918_G</b>	66. ALMOST DAILY __ __ TIMES 77. WEEKLY 88. DON'T REMEMB. 99. REFUSES
G. Kicked you, choke you or beat you up?	1. YES → <b>Q919</b> 2. NO → <b>Q918_H</b> 8. DK → <b>Q918_H</b> 9. REF → <b>Q918_H</b>	1. WITHIN THE LAST YEAR → <b>Q920</b> 2. 1-3 YEARS AGO → <b>Q918_H</b> 3. 4-5 YEARS AGO → <b>Q918_H</b> 4. 5 YEARS AGO OR MORE → <b>Q918_H</b>	66. ALMOST DAILY __ __ TIMES 77. WEEKLY 88. DON'T REMEMB. 99. REFUSES
H. Physically forced you to have sexual relations even though you did not want to?	1. YES → <b>Q919</b> 2. NO → <b>BOX 9-I</b> 8. DK → <b>BOX 9-I</b> 9. REF → <b>BOX 9-I</b>	1. WITHIN THE LAST YEAR → <b>Q920</b> 2. 1-3 YEARS AGO → <b>BOX 9-I</b> 3. 4-5 YEARS AGO → <b>BOX 9-I</b> 4. 5 YEARS AGO OR MORE → <b>BOX 9-I</b>	66. ALMOST DAILY __ __ TIMES 77. WEEKLY 88. DON'T REMEMB. 99. REFUSES

### BOX 9-I

**IF ALL Q918\_A--Q918\_H >1 (NEVER EXPERIENCED ANY TYPE OR ABUSE) GO TO Q936; ELSE CONTINUE**

921. You told me before that you lived with a man as husband and wife \_\_\_\_\_ times **(RECORD THE NUMBER OF TIMES FROM Q916)**. During which of these periods has a partner physically abused you as you have just mentioned? **MARK THE INTERVAL(S) NUMBER FROM THE UNION TABLE AT PAGE 3 (ALLOW FOR MULTIPLE RESPONSES):**
- I. \_\_\_\_\_  
 II. \_\_\_\_\_  
 III. \_\_\_\_\_  
 IV. \_\_\_\_\_

**BOX 9-II**

< IF ANY PHYSICAL VIOLENCE TOOK PLACE DURING THE LAST YEAR (ANY Q919\_C--Q919\_H=1), CONTINUE;  
 < IF ANY F PHYSICAL VIOLENCE TOOK PLACE MORE THAN ONE YEAR AGO (ANY Q919\_C--Q919\_H>1) GO TO Q925;  
 < IF R. SUFFERED ONLY VERBAL VIOLENCE (Q918\_C--Q918\_H>1) THEN GO TO Q935

922. In the past 12 months, did you have any swelling, bruises, cuts, or other physical injuries as a result of this/these incident(s)?
1. YES  
 2. NO → **GO TO Q925**  
 8. DON'T REMEMBER → **GO TO Q925**
923. In the past 12 months, did you see a doctor, or other medical care provider for medical treatment of these injuries?
1. YES  
 2. NO → **GO TO Q925**  
 8. DO NOT REMEMBER → **GO TO Q925**
924. Did this(these) injury(ies) require hospitalization?
1. YES  
 2. NO  
 8. DO NOT REMEMBER
925. During or after a violent incident, does your partner want to have sexual relations with you sometimes, always, or never?
1. YES, SOMETIMES  
 2. YES, ALWAYS  
 3. NO, NEVER  
 8. DO NOT REMEMBER/REFUSE
926. Do you believe that violence incidents affected your health?
1. YES  
 2. NO → **GO TO Q928**  
 8. DO NOT KNOW → **GO TO Q928**
927. What health problems did you have that you think were related to violence? **(READ A—K)**
- |  | <u><b>YES</b></u> | <u><b>NO</b></u> | <u><b>DR/REF</b></u> |
|--|-------------------|------------------|----------------------|
| A. Injuries?                                     | 1                 | 2                | 8                    |
| B. Chronic pains?                                | 1                 | 2                | 8                    |
| C. General deterioration of health?              | 1                 | 2                | 8                    |
| D. Depression?                                   | 1                 | 2                | 8                    |
| E. Sleep disorders?                              | 1                 | 2                | 8                    |
| F. Suicide attempt(s)?                           | 1                 | 2                | 8                    |
| G. Low self-esteem?                              | 1                 | 2                | 8                    |
| H. Unplanned pregnancy?                          | 1                 | 2                | 8                    |
| I. Miscarriage or other pregnancy complications? | 1                 | 2                | 8                    |
| J. Gynecological disorders?                      | 1                 | 2                | 8                    |
| K. Anything else? _____                          | 1                 | 2                | 8                    |

928. (READ ONLY IF RESPONDENT HAS EVER HAD A LIVING CHILD) Would you say that this violence has affected your child(ren)?
1. YES
  2. NO → **GO TO Q930**
  3. NO CHILDREN → **GO TO Q930**
  8. NOT SURE → **GO TO Q930**

929. Please tell me if your child(ren) were affected in the following ways (READ A—F):

	<u>YES</u>	<u>NO</u>
A. Witnessed violence	1	2
B. Children living in fear	1	2
C. Children injured too	1	2
D. Children left home, live with relative	1	2
E. Decreased Learning abilities	1	2
F. Anything else (specify)_____		1

930. Did you talk to anyone about this(these) incidents of violence?

1. YES
2. NO → **GO TO Q932**

931. Who did you talk with? (MARK ALL MENTIONED AND PROBE FOR ANYONE ELSE)?

	<u>MENTIONED</u>	<u>NOT MENTIONED</u>
A. YOUR MOTHER	1	2
B. OTHER RELATIVE	1	2
C. HUSBAND'S (PARTNER'S) FAMILY	1	2
D. CHILDREN	1	2
E. FRIEND	1	2
F. NEIGHBOR	1	2
G. DOCTOR/HEALTH PROVIDER/SOCIAL WORKER	1	2
H. POLICE	1	2
I. LEGAL ADVISER	1	2

**IF Q931\_G , Q931\_H, AND Q931\_I=1 GO TO Q933; ELSE CONTINUE**

932. What is the main reason you have never sought any medical or legal help?

1. DID NOT KNOW WHERE TO SEEK HELP
2. NO USE/WOULD NOT DO ANY GOOD
3. EMBARRASSED
4. AFRAID OF MORE BEATINGS/BEING PUNISHED
5. AFRAID OF DIVORCE/END OF RELATIONSHIP
6. AFRAID OF LOOSING THE CHILDREN
7. THOUGHT WOULD NOT BE TAKEN SERIOUSLY/NOT BELIEVED/LAUGHED AT
8. VIOLENCE IS NORMAL/NO NEED TO COMPLAIN
9. THOUGHT SHE WOULD BE BLAMED
10. BRING BAD NAME TO FAMILY
20. OTHER\_\_\_\_\_
88. DK/REF\_\_\_\_\_

933. Did anyone intervene or try to stop the violence? (MARK ALL MENTIONED AND PROBE FOR ANYONE ELSE)?

	<u>MENTIONED</u>	<u>NOT MENTIONED</u>
A. YOUR MOTHER	1	2
B. OTHER RELATIVE	1	2
C. HUSBAND'S (PARTNER'S) FAMILY	1	2
D. CHILDREN	1	2
E. FRIEND	1	2
F. NEIGHBOR	1	2
G. DOCTOR/HEALTH PROVIDER/SOCIAL WORKER	1	2
H. POLICE	1	2
I. LEGAL ADVISER	1	2

## Appendix C

934. Could you tell me a little more about what usually happens when your partner is/was violent. Are there any particular situations that make him violent? (**CIRCLE ALL THAT APPLY PROBING “ANY OTHER...”**)

	<u>MENTIONED</u>	<u>NOT MENTIONED</u>
A. WHEN DRUNK	1	2
B. WHEN SHE DOES NOT LOOK AFTER CHILDREN	1	2
C. WHEN THE FAMILY HAS MONEY TROUBLES	1	2
D. WHEN HE IS UNEMPLOYED	1	2
E. WHEN SHE IS UNEMPLOYED/HAS NO INCOME	1	2
F. WHEN THERE ARE FAMILY PROBLEMS/MOTHER-IN-LAW PROBLEMS	1	2
G. WHEN HE IS JEALOUS	1	2
H. WHEN SHE IS PREGNANT	1	2
I. WHEN HE CANNOT GET ALCOHOL/DRUGS	1	2
J. WHEN HE DOES NOT HAVE FOOD AT HOME (DINNER NOT READY)	1	2
K. WHEN HE ACTS ACCORDING TO THE “KANUN”	1	2
L. OTHER _____	1	2

935. In Tirana there is a hotline number where a woman can ask advice about domestic violence. Do you want to know the hotline number?

1. YES, NUMBER GIVEN (TELEPHONE NUMBER: 233 408)
2. NO

936. Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations (**READ A—H**):

	<u>YES</u>	<u>NO</u>	<u>DK</u>
A. If she goes out without telling him?	1	2	8
B. If she neglects the children?	1	2	8
C. If she argues with him?	1	2	8
D. If she refuses to have sex with him?	1	2	8
E. If he is not happy with her household work or food provisions?	1	2	8
F. If she asks him whether he has other girlfriends?	1	2	8
G. If he finds out that she has been unfaithful?	1	2	8
H. If she dresses too sexy or spends too much on her “look”?	1	2	8

937. At any time in your life, have you ever been forced by a man to have sexual intercourse against your will?  
(For this question, sexual intercourse includes vaginal, anal or oral penetration)

1. YES
2. NO → **END OF INTERVIEW, GO TO Q940**
8. DON'T REMEMBER → **END OF INTERVIEW, GO TO Q940**

938. How old were you the first time you were forced by a man to have sexual intercourse against your will?

\_\_\_\_ AGE                      88. DON'T REMEMBER

939. At that time, what was your relationship with the person(s) who forced you to have sexual intercourse?

1. STRANGER
2. ACQUAINTANCE
3. FRIEND
4. DATE
5. BOYFRIEND
6. HUSBAND OR PARTNER
7. EX-HUSBAND OR EX-PARTNER
8. FATHER OR STEP-FATHER
9. OTHER RELATIVE (SPECIFY \_\_\_\_\_)
10. CO-WORKER
11. TEACHER
77. OTHER (SPECIFY \_\_\_\_\_)
98. DON'T REMEMBER/REF

940. **THANK THE WOMAN FOR GIVING HER TIME AND RECORD THE TIME THE INTERVIEW ENDED :**

**TIME INTERVIEW ENDED** \_\_\_\_\_ : \_\_\_\_\_



# ALBANIA REPRODUCTIVE HEALTH SURVEY 2002

## MALE QUESTIONNAIRE

Hello. I'm \_\_\_\_\_ from the National Institute of Public Health. We are doing a national survey about the health of men and women in Albania. The purpose of the survey is to collect information that will help us plan reproductive health services in Albania.

I would like to ask you about your health and where you obtain health services. All of the information you give us will be confidential. The interview is completely voluntary and if we should come to any question that you don't want to answer, just let me know and we'll go on to the next question. The interview will take about 30 minutes.

I would like to start now, is that OK?

**SIGNATURE OF THE INTERVIEWER** \_\_\_\_\_ **DAY** \_\_\_\_ **MONTH** \_\_\_\_

**MARK IF THE MAN AGREES TO BE INTERVIEWED**

**1. YES → CONTINUE**

**2. NO → END OF INTERVIEW**

**TIME STARTED:** \_\_\_\_ : \_\_\_\_

**ID NUMBER** \_\_\_\_ - \_\_\_\_

### I. BACKGROUND CHARACTERISTICS

100. In what month and year were you born?

MONTH \_\_\_\_ YEAR \_\_\_\_

98 DON'T KNOW

101. How old are you (at last birthday)? \_\_\_\_ YEARS OLD

98. DON'T KNOW

**MAKE SURE THAT AGE AND DATE OF BIRTH CORRESPOND**

102. What is the highest level of education you completed, not counting the current grade you are in?

000. NEVER ATTENDED (NO FORMAL EDUCATION)

1. GENERAL SCHOOL	1	2	3	4	5	88
2. THEORETICAL HIGH SCHOOL/ GIMNAZIUM	1	2	3	4		88
3. PROFESSIONAL (VOCATIONAL) SCHOOL	1	2	3	4	5	88
4. TECHNICAL SCHOOL (POSTSECONDARY)	1	2	3	4	5	88
5. UNIVERSITY	1	2	3	4	5+	88
6. POST UNIVERSITY/POSTGRADUATE STUDIES	1	2	3	4	5+	88

888. DON'T REMEMBER/ DON'T KNOW

**IF Q102 = 2 OR 3 CONTINUE; ELSE GO TO Q104**

103. Do you have a high school diploma?

1. YES
2. NO

104. Do you currently work outside of the home (at least 20 hours per week)?

1. YES → **GO TO Q106**
3. NO

## Appendix D

105. What is the main reason that you are not working at this time?
1. ATTENDING SCHOOL
  2. INTERNAL DISPLACEMENT
  3. LOOKING FOR WORK
  4. LAID OFF
  5. DOES NOT NEED/WANT/LIKE TO WORK
  6. MEDICAL LEAVE
  7. CARING FOR CHILDREN
  8. INABILITY TO FIND/AFFORD CHILD CARE
  9. HOMEMAKER
  10. PERMANENT DISABILITY
  11. PARTNER/SPOUSE DOES NOT ALLOW RESPONDENT TO WORK
  12. PARENTS DO NOT ALLOW RESPONDENT TO WORK
  13. ODD JOBS (<20 HOURS PER WEEK)
  14. TEMPORARILY BACK FROM WORK ABROAD
  20. OTHER (SPECIFY) \_\_\_\_\_
106. I would like to ask you about where you have lived. For most of the time until you were 12 years old, did you live in a town, or in a village?
1. TOWN
  2. VILLAGE
107. In what month and year did you start to live continuously in \_\_\_\_\_ (NAME THE PLACE OF RESIDENCE)?
- MONTH \_\_\_\_ YEAR \_\_\_\_ 00. ALWAYS, SINCE BIRTH → **GO TO Q108**  
88. DON'T REMEMBER
- 107A. Just before you moved here (CURRENT PLACE OF RESIDENCE), did you live in a town, a village, or outside Albania ?
1. A town (URBAN AREA),
  2. A village (RURAL AREA), or
  3. Outside Albania?
108. Are you currently married, not married but living with someone, separated, divorced, widowed, or have you never been married ?
1. MARRIED → **GO TO Q111**
  2. NOT MARRIED BUT LIVING WITH A PARTNER → **GO TO Q111**
  3. SEPARATED → **GO TO Q111**
  4. DIVORCED → **GO TO Q111**
  5. WIDOWED → **GO TO Q111**
  6. NEVER MARRIED
109. Have you ever lived with a girlfriend or partner? (**LIVING TOGETHER MEANS HAVING A SEXUAL RELATIONSHIP WHILE SHARING THE SAME USUAL RESIDENCE.**)
1. YES → **GO TO Q111**
  2. NO
110. If you could choose exactly the number of children to have in your whole life, how many would that be?
- \_\_\_\_ CHILDREN 22. AS MANY AS GOD GIVES  
33. AS MANY AS WIFE WOULD WANT  
88. NOT SURE/DON'T REMEMBER  
**GO TO Q122**

111. How many times have you been married or lived with a woman as husband and wife?

\_\_\_ TIMES

9. REFUSAL → GO TO Q118

TIMES	112. In what month and year did you begin living with your... (first, second, third, or fourth) wife / partner?	113. How old was your I, II, III, IV wife / partner when you started to live together?	114. What was the highest level in school that your I,II,III,IV wife / partner attended when you got married / started to live together ?	115. What is your current union relationship with your I, II, III, IV, wife / partner, are you still in the relationship or how did the relationship end?	116. In what month and year did your union with your I,II,III,IV, .wife / partner end?	117. IF:
I	MTH ___ YR _____ 88. DON'T KNOW/REF.	___ AGE 88. DK	0. NEVER ATTENDED 1. PRIMARY (1-8) 2. SECONDARY (9-12) 3. VOCATIONAL 4. TECHNICAL SCH. 5. UNIVERSITY 8. UNKNOWN	1. Married → Q117 2. Living with partner → Q117 3. Separated 4. Divorced 5. Widowed	MTH ___ YR _____ 88. DON'T KNOW / REF.	Q111=1 GO TO Q118 ELSE CONTINUE
II	MTH ___ YR _____ 88. DON'T KNOW/REF.	___ AGE 88. DK	0. NEVER ATTENDED 1. PRIMARY (1-8) 2. SECONDARY (9-12) 3. VOCATIONAL 4. TECHNICAL SCH. 5. UNIVERSITY 8. UNKNOWN	1. Married → Q117 2. Living with partner → Q117 3. Separated 4. Divorced 5. Widowed	MTH ___ YR _____ 88. DON'T KNOW / REF.	Q111=2 GO TO Q118 ELSE CONTINUE
III	MTH ___ YR _____ 88. DON'T KNOW/REF.	___ AGE 88. DK	0. NEVER ATTENDED 1. PRIMARY (1-8) 2. SECONDARY (9-12) 3. VOCATIONAL 4. TECHNICAL SCH. 5. UNIVERSITY 8. UNKNOWN	1. Married → Q117 2. Living with partner → Q117 3. Separated 4. Divorced 5. Widowed	MTH ___ YR _____ 88. DON'T KNOW / REF.	Q111=3 GO TO Q118 ELSE CONTINUE
IV	MTH ___ YR _____ 88. DON'T KNOW/REF.	___ AGE 88. DK	0. NEVER ATTENDED 1. PRIMARY (1-8) 2. SECONDARY (9-12) 3. VOCATIONAL 4. TECHNICAL SCH. 5. UNIVERSITY 8. UNKNOWN	1. Married → Q117 2. Living with partner → Q117 3. Separated 4. Divorced 5. Widowed	MTH ___ YR _____ 88. DON'T KNOW / REF.	GO TO Q118

118. When you first got married/started living together as husband and wife did you wish to have any children?

1. YES
2. NO → GO TO Q120
8. NOT SURE → GO TO Q120

119. How many children did you wish to have when you first got married?

- \_\_\_ CHILDREN
22. AS MANY AS GOD GIVES
  33. AS MANY AS WIFE WANTS
  88. NOT SURE/DON'T REMEMBER

120. How many children did your wife/partner wish to have when you first got married?

- \_\_\_ CHILDREN
22. AS MANY AS GOD GIVES
  33. AS MANY AS RESPONDENT WANTS
  77. NEVER DISCUSSED NUMBER OF CHILDREN
  88. NOT SURE/DON'T REMEMBER

**IF CURRENTLY SEPARATED, DIVORCED OR WIDOWED (Q115\_LAST=3,4,5) GO TO Q122; ELSE CONTINUE**

121. Is your wife currently employed?

1. YES
2. NO
8. DON'T KNOW

122. Since 1991, have you worked outside Albania?

1. YES
2. NO → GO TO Q124
8. DON'T KNOW → GO TO Q124

## Appendix D

122A. How many times have you worked outside Albania since 1991?

\_\_\_ TIMES

123. When was the last time you worked outside Albania ? (BEGINNING THE TRIP – MONTH AND YEAR)

\_\_\_ MONTH \_\_\_ YEAR      88. DON'T REMEMBER  
99. REFUSAL

123A. In what month and year did you return from the last trip? (END OF TRIP – MONTH AND YEAR)

\_\_\_ MONTH \_\_\_ YEAR      88. DON'T REMEMBER  
99. REFUSAL

124. More or less how many hours a day do you listen to the radio?

\_\_\_ HOURS A DAY      00. NEVER → **GO TO Q128**  
55. DOES NOT HAVE ACCESS TO RADIO → **GO TO Q128**  
77. NOT EVERY DAY  
88. DON'T KNOW

125. What stations do you most often listen to? (**PROBE FOR MORE THAN ONE STATION, DO NOT READ LIST**)

	<u>MENTIONED</u>	<u>NOT MENTIONED</u>
A. TOP ALBANIA	1	2
B. RADIO TIRANA	1	2
C. CLUB FM	1	2
D. RASH	1	2
E. STINET	1	2
F. GOLD MUSIC	1	2
G. EUROPE PLUS	1	2
H. ITALIAN STATIONS	1	2
I. BBC	1	2
J. OTHER _____	1	2

126. What types of programs do you most often listen to? (**PROBE FOR MORE THAN ONE PROGRAM, DO NOT READ LIST**)

	<u>MENTIONED</u>	<u>NOT MENTIONED</u>
A. NEWS	1	2
B. SPORTS	1	2
C. MUSIC	1	2
D. PLAYS/DRAMAS	1	2
E. CHURCH/RELIGIOUS PROGRAMS	1	2
F. WOMEN'S PROGRAMS	1	2
G. HEALTH PROGRAMS	1	2
H. POLITICAL EVENTS	1	2
I. OTHER	1	2

127. What times do you most often listen to the radio? (**PROBE FOR MORE THAN ONE TIME, DO NOT READ LIST**)

	<u>MENTIONED</u>	<u>NOT MENTIONED</u>
A. 6 - 8 AM	1	2
B. 8 -10 AM	1	2
C. 10AM-NOON	1	2
D. NOON-2 PM	1	2
E. 2 - 4 PM	1	2
F. 4 - 6 PM	1	2
G. 6 - 8 PM	1	2
H. 8 -10 PM	1	2
I. AFTER 10 PM	1	2
J. NO REGULAR TIMES	1	2

128. More or less how many hours a day do you spend watching television?

\_\_\_ HOURS A DAY 00. NEVER → **GO TO Q132**

55. DOES NOT HAVE ACCESS TO TV → **GO TO Q132**

66. WHEN THE HOUSEHOLD HAS ELECTRICITY

77. NOT EVERY DAY

88. DON'T KNOW

129. What channels do you most often watch? (**PROBE FOR MORE THAN ONE CHANNEL, DO NOT READ LIST**)

	<u><b>MENTIONED</b></u>	<u><b>NOT MENTIONED</b></u>
A. TVSH	1	2
B. TVKLAN	1	2
C. TVA	1	2
D. TVKOHA	1	2
E. VISION PLUS	1	2
F. SHIJAK TV	1	2
G. TELENORBA	1	2
H. TVALBA	1	2
I. CALVIN	1	2
J. FOREIGN CHANNELS (e.g. CNN, BBC, EURONEWS, RAI)	1	2
K. OTHER _____	1	2

130. What types of programs do you most often watch? (**PROBE FOR MORE THAN ONE PROGRAM, DO NOT READ LIST**)

	<u><b>MENTIONED</b></u>	<u><b>NOT MENTIONED</b></u>
A. NEWS	1	2
B. COMERCIALS	1	2
C. ENTERTAINMENT PROGRAMS	1	2
D. SERIALS/MOVIES	1	2
E. SPORTS	1	2
F. MUSIC PROGRAMS, VIDEO CLIPS	1	2
G. PLAYS/DRAMAS	1	2
H. CHILDREN'S PROGRAMS	1	2
I. CHURCH/RELIGIOUS PROGRAMS	1	2
J. WOMEN'S PROGRAMS	1	2
K. HEALTH PROGRAMS	1	2
L. POLITICAL EVENTS	1	2
M. OTHER _____	1	2

131. What times do you most often watch television? (**CIRCLE ALL MENTIONED, DO NOT READ LIST**)

	<u><b>MENTIONED</b></u>	<u><b>NOT MENTIONED</b></u>
A. 6 - 8 AM	1	2
B. 8-10 AM	1	2
C. 10AM-NOON	1	2
D. NOON-2 PM	1	2
E. 2 - 4 PM	1	2
F. 4 - 6 PM	1	2
G. 6 - 8 PM	1	2
H. 8-10 PM	1	2
I. AFTER 10 PM	1	2
J. NO REGULAR TIMES	1	2

132. How often do you read a newspaper?

1. DAILY/NEARLY EVERY DAY
2. ABOUT 3-4 TIMES PER WEEK
3. ONCE OR TWICE PER WEEK
4. LESS THAN ONCE PER WEEK
5. NEVER/ALMOST NEVER

## II. SEX EDUCATION

The next set of questions is about sex education.

201. Do you think schools should teach courses about human reproduction, contraception, and prevention of sexually transmitted diseases (STDs)?

1. YES  
2. NO → **GO TO Q203**  
8. DK  
9. NR → **GO TO Q203**

202. At what year of age should schools begin to teach about? (READ A-C)

- |   |     |     |                                    |
|---|-----|-----|------------------------------------|
| A. Human Reproduction?                  | ___ | ___ | 77. SHOULD NOT BE TAUGHT IN SCHOOL |
| B. Contraception?                       | ___ | ___ | 88. DK                             |
| C. Sexually Transmitted Diseases (STDs) | ___ | ___ | 99. NR                             |

**GO TO BOX 2-I**

203. Now I want to read some reasons for which one may oppose sex education in school. Please tell me if you agree or don't agree. (**READ A-D**)

	<u>AGREE</u>	<u>DISAGREE</u>	<u>DK</u>	<u>NR</u>
A. Sex education will give adolescents the idea to begin sex earlier	1	2	8	9
B. Sex education should be taught only in the house	1	2	8	9
C. Sex education goes against my religious beliefs	1	2	8	9
D. Teachers do not have enough training to teach such courses	1	2	8	9

### BOX 2-I

<b>IF RESPONDENT IS 15-24 YEARS OF AGE CONTINUE; IF HE IS 25-49 YEARS GO TO SECTION III</b>
---

204. Before you were 18 years old, did a parent ever talked to you about....(**READ A-F**)

	<u>YES</u>	<u>NO</u>	<u>DK/DR</u>	<u>REF</u>
B. How Pregnancy Occurs?	1	2	8	9
D. Contraceptive Methods? (How to avoid getting a woman pregnant?)	1	2	8	9
E. HIV/AIDS?	1	2	8	9
F. Other Sexually Transmitted Diseases?	1	2	8	9

**READ EACH QUESTION 205-207 FROM THE TABLE FOR EACH TOPIC OF SEX EDUCATION:**

TOPIC	205. Before you were 18 years old, have you ever been taught about ____ (READ A-G) while at school?	206. How old were you when you first were taught about ____ (READ A-G) at school?
A. Menstrual Cycle	1 YES → <b>GO TO Q206</b> 2 NO → <b>GO TO Q205_B</b> 8 DK → <b>GO TO Q205_B</b> 9 NR → <b>GO TO Q205_B</b>	___
B. Female Reproductive System	1 YES → <b>GO TO Q206</b> 2 NO → <b>GO TO Q205_C</b> 8 DR → <b>GO TO Q205_C</b> 9 NR → <b>GO TO Q205_C</b>	___
C. Male Reproductive System	1 YES → <b>GO TO Q206</b> 2 NO → <b>GO TO Q205_D</b> 8 DR → <b>GO TO Q205_D</b> 9 NR → <b>GO TO Q205_D</b>	___
D. How Pregnancy Occurs	1 YES → <b>GO TO Q206</b> 2 NO → <b>GO TO Q205_E</b> 8 DR → <b>GO TO Q205_E</b> 9 NR → <b>GO TO Q205_E</b>	___
E. Contraceptive Methods	1 YES → <b>GO TO Q206</b> 2 NO → <b>GO TO Q205_F</b> 8 DR → <b>GO TO Q205_F</b> 9 NR → <b>GO TO Q205_F</b>	___
F. HIV/AIDS	1 YES → <b>GO TO Q206</b> 2 NO → <b>GO TO Q205_G</b> 8 DR → <b>GO TO Q205_G</b> 9 NR → <b>GO TO Q205_G</b>	___
G. Other Sexually Transmitted Diseases	1 YES → <b>GO TO Q206</b> 2 NO → <b>GO TO Q208</b> 8 DR → <b>GO TO Q208</b> 9 NR → <b>GO TO Q208</b>	___

208. In your opinion, who or what was the most important source of information you have had about topics related to sexual matters?

- |                     |  |
|---------------------|--|
| 1. MOTHER           | 10. NURSE, MIDWIFE                           |
| 2. FATHER           | 11. TEACHER                                  |
| 3. RELATIVE         | 12. PHARMACIST                               |
| 4. GIRLFRIEND       | 13. BOOKS                                    |
| 5. FRIENDS          | 14. NEWSPAPERS, MAGAZINES, BROCHURES, FLYERS |
| 6. CO-WORKER        | 15. RADIO                                    |
| 7. COLLEAGUES, PEER | 16. TV                                       |
| 8. PARTNER/WIFE     | 20. OTHER (SPECIFY): _____                   |
| 9. DOCTOR           | 88. DON'T REMEMBER                           |

### III. FERTILITY/PREGNANCY

305. Have you ever made a woman pregnant?
1. YES → **GO TO Q307**
  2. NO
  3. NOT SURE
  4. NEVER HAD SEX → **GO TO MODULE IV, PAGE 12**
306. Has a female partner/wife ever had a stillbirth, ectopic pregnancy, miscarriage, or an induced abortion?
1. YES → **GO TO Q312**
  2. NO → **GO TO MODULE IV, PAGE 12**
307. Have you ever had any live-born children?
1. YES
  2. NO → **GO TO Q312**
308. How many living children do you have, including those who do not live with you?
- \_\_\_\_\_ CHILDREN
309. Have you ever had a child born alive who later died or died in the first hours or days after birth?
1. YES
  2. NO → **GO TO Q312**
310. How many children died? \_\_\_\_\_ CHILDREN
311. So altogether you had a total of \_\_\_\_\_ (**Q308+Q310**) live births?
1. YES
  2. NO → **CHECK Q308 AND Q310 AND MAKE CHANGES IF NECESSARY**
312. The next set of questions is about the first time you got a woman pregnant. Please think about any possible pregnancy outcome, either birth or abortion. How did that first pregnancy end?
1. LIVE BIRTH (SINGLE OR MULTIPLE)
  4. STILLBIRTH (SINGLE OR MULTIPLE)
  6. SPONTANEOUS ABORTION (MISCARRIAGE)
  7. INDUCED ABORTION
  8. ECTOPIC PREGNANCY
  9. MOLAR PREGNANCY
  10. CURRENTLY PREGNANT (FIRST TIME) → **GO TO Q315**
  88. DON'T KNOW
313. In what month and year did that first pregnancy end?
- MONTH \_\_\_\_\_ YEAR \_\_\_\_\_ 88. DON'T REMEMBER
- IF Q313\_Y=8888 (DOESN'T REMEMBER YEAR) CONTINUE; OTHERWISE GO TO Q315**



- 
314. How old were you at that time?      \_\_\_\_ \_\_\_\_ YEARS      88. DON'T REMEMBER
315. Thinking back to the time when your partner got pregnant, with that first pregnancy, did you want her to get pregnant or not?
1. YES  
2. NO  
8. NOT SURE
316. How old was your partner when she got pregnant with that first pregnancy?
- AGE \_\_\_\_      88 DON'T KNOW
317. What was your relationship to her when she first got pregnant?
- |                 |                           |
|-----------------|---------------------------|
| 1. WIFE/PARTNER | 6. JUST MET               |
| 2. FIANCEÉ      | 7 CASUAL SEXUAL PARTNER   |
| 3. GIRLFRIEND   | 8. RELATIVE               |
| 4. FRIEND       | 11. SHE WAS A PROSTITUTE  |
| 5. ACQUAINTANCE | 20. OTHER (SPECIFY) _____ |
|                 | 88. DON'T REMEMBER        |

**IF Q312=10 DO NOT ASK Q318 BUT CIRCLE="1"**

318. As far as you know, is any woman currently pregnant by you?
1. YES  
2. NO → **GO TO BOX 3-I**  
3. NOT SURE → **GO TO BOX 3-I**

319. How many months pregnant is the woman?
- \_\_\_\_ \_\_\_\_ MONTHS      88. DOES NOT KNOW  
99. REFUSED / NO RESPONSE

**IF Q312=10 DO NOT ASK Q320 BUT WRITE THE ANSWER FROM Q315**

320. Thinking back to the time when she got pregnant, did you want her to get pregnant or not?
1. YES  
2. NO  
3. NOT SURE

**BOX 3-I**

**IF Q311=0 (NEVER HAD A LIVE BIRTHS) GO TO Q327;  
OTHERWISE CONTINUE WITH HISTORY OF ALL LIVE BIRTHS**

## HISTORY OF ALL LIVE BIRTHS

Now I would like to talk to you about all live births you and your partner(s) have ever had. Please, make sure you include all births you have fathered regardless of which partner was the mother of the child. Let's start with your most recent birth, please give me the following information:

WRITE ## OF LIVE BIRTHS \_\_\_\_\_ (FROM Q311)

#	321	322	323	324	325	326
						IF Q321 < 1997→GO TO NEXT LIVE-BIRTH
	When was that live birth? (month & year)	How many weeks or months had your partner been pregnant when she gave birth?	Was the baby a boy or a girl?	Is the child still alive?	How old was the child when he/she died? (RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YRS.)	Just before you got pregnant, did you want to get pregnant then, did you want to get pregnant later, or did you not want to get pregnant then or any time in the future?
<b><u>1</u></b> <b><u>LAST</u></b> <b><u>LIVE</u></b> <b><u>BIRTH</u></b>	____ MTH ____ YR  98. DK/NR	1. ____ WEEKS OR 2. ____ MONTHS  888. DK 999. NR/REF	1. BOY 2. GIRL 3. BOTH	1. YES → Q326 2. NO	1. ____ DAYS OR 2. ____ MTHS OR 3. ____ YEARS  888. DK 999. NR/REF	1. WANTED TO GET PREG. THEN 2. WANTED TO GET PREG. LATER 3. DID NOT WANT PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE
<b><u>2</u></b>	____ MTH ____ YR  98. DK/NR	1. ____ WEEKS OR 2. ____ MONTHS  888. DK 999. NR/REF	1. BOY 2. GIRL 3. BOTH	1. YES → Q326 2. NO	1. ____ DAYS OR 2. ____ MTHS OR 3. ____ YEARS  888. DK 999. NR/REF	1. WANTED TO GET PREG. THEN 2. WANTED TO GET PREG. LATER 3. DID NOT WANT PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE
<b><u>3</u></b>	____ MTH ____ YR  98. DK/NR	1. ____ WEEKS OR 2. ____ MONTHS  888. DK 999. NR/REF	1. BOY 2. GIRL 3. BOTH	1. YES → Q326 2. NO	1. ____ DAYS OR 2. ____ MTHS OR 3. ____ YEARS  888. DK 999. NR/REF	1. WANTED TO GET PREG. THEN 2. WANTED TO GET PREG. LATER 3. DID NOT WANT PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE
<b><u>4</u></b>	____ MTH ____ YR  98. DK/NR	1. ____ WEEKS OR 2. ____ MONTHS  888. DK 999. NR/REF	1. BOY 2. GIRL 3. BOTH	1. YES → Q326 2. NO	1. ____ DAYS OR 2. ____ MTHS OR 3. ____ YEARS  888. DK 999. NR/REF	1. WANTED TO GET PREG. THEN 2. WANTED TO GET PREG. LATER 3. DID NOT WANT PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE

#	321	322	323	324	325	326
	When was that live birth? (month & year)	How many weeks or months had your partner been pregnant when she gave birth?	Was the baby a boy or a girl?	Is the child still alive?	How old was the child when he/she died? (RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YRS.)	IF Q321 < 1997 → GO TO NEXT LIVE BIRTH Just before she got pregnant, did you want to get pregnant then, did you want to get pregnant later, or did you not want to get pregnant then or any time in the future?
<u>5</u>	___ MTH ___ YR 98. DK/NR	1. ___ WEEKS OR 2. ___ MONTHS 888. DK 999. NR/REF	1. BOY 2. GIRL 3. BOTH	1. YES → Q326 2. NO	1. ___ DAYS OR 2. ___ MTHS OR 3. ___ YEARS 888. DK 999. NR/REF	1. WANTED TO GET PREG. THEN 2. WANTED TO GET PREG. LATER 3. DID NOT WANT PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE
<u>6</u>	___ MTH ___ YR 98. DK/NR	1. ___ WEEKS OR 2. ___ MONTHS 888. DK 999. NR/REF	1. BOY 2. GIRL 3. BOTH	1. YES → Q326 2. NO	1. ___ DAYS OR 2. ___ MTHS OR 3. ___ YEARS 888. DK 999. NR/REF	1. WANTED TO GET PREG. THEN 2. WANTED TO GET PREG. LATER 3. DID NOT WANT PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE
<u>7</u>	___ MTH ___ YR 98. DK/NR	1. ___ WEEKS OR 2. ___ MONTHS 888. DK 999. NR/REF	1. BOY 2. GIRL 3. BOTH	1. YES → Q326 2. NO	1. ___ DAYS OR 2. ___ MTHS OR 3. ___ YEARS 888. DK 999. NR/REF	1. WANTED TO GET PREG. THEN 2. WANTED TO GET PREG. LATER 3. DID NOT WANT PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE

**VERIFY THAT SUM OF LIVE BIRTHS = Q311, IF NOT, CORRECT HISTORY OF LIVE BIRTH TABLE VERIFY THAT THE LAST ROW IN THE TABLE CORRESPONDS TO THE FIRST LIVE BIRTH**  
**ASK: "Was this your first child?"**

327. Has your wife/partner ever had a spontaneous or induced abortion (therapeutic, induced, or planned) in the last five years?

1. SPONTANEOUS ABORTION, → **CONTINUE WITH Q328**
2. INDUCED ABORTION, OR → **GO TO Q329**
3. BOTH, SPONTANEOUS AND INDUCED ABORTION? → **CONTINUE WITH Q328**
4. NONE (IN THE LAST 5 YEARS) → **GO TO MODULI IV**

328. How many spontaneous abortions in the last five years? \_\_\_\_\_ SPONTANEOUS ABORTIONS

329. How many induced, therapeutic or planned abortions in the last five years?

\_\_\_\_\_ INDUCED ABORTIONS

## MODULE IV: FAMILY PLANNING KNOWLEDGE/ SEXUAL EXPERIENCE

For each of the following methods of preventing pregnancy, please tell me:

<b>METHOD</b>	<b>400.</b> Have you ever heard of it?	<b>401.</b> Do you know how to use it?	<b>402.</b> Have you ever used it?	<b>403.</b> Do you know where to get it?	<b>404.</b> What was the most important source of information about this method (SEE CODES BELOW)
A. The Pill (Oral Contraceptives)	1 YES → Q401 2 NO- → B	1 YES → Q402 2 NO → Q402	1 YES → Q403 2 NO → Q403	1 YES → Q404 2 NO → Q404	— —
B. IUD (Spirali)	1 YES → Q401 2 NO- → C	1 YES → Q402 2 NO → Q402	1 YES → Q403 2 NO → Q403	1 YES → Q404 2 NO → Q404	— —
C. Condoms (Prezervativ)	1 YES → Q401 2 NO- → D	1 YES → Q402 2 NO → Q402	1 YES → Q403 2 NO → Q403	1 YES → Q404 2 NO → Q404	— —
D. Foam/Jelly/ Cream/Foamy Tablets (Spermicides)	1 YES → Q401 2 NO- → E	1 YES → Q402 2 NO → Q402	1 YES → Q403 2 NO → Q403	1 YES → Q404 2 NO → Q404	— —
E. Tubal Ligation	1 YES → Q401 2 NO- → F	1 YES → Q402 2 NO → Q402	1 YES → Q403 2 NO → Q403	1 YES → Q404 2 NO → Q404	— —
F. Vasectomy (Male Sterilization)	1 YES → Q401 2 NO- → G	1 YES → Q402 2 NO → Q402	1 YES → Q403 2 NO → Q403	1 YES → Q404 2 NO → Q404	— —
G. Injectables (e.g. Depo-Provera)	1 YES → Q401 2 NO- → H	1 YES → Q402 2 NO → Q402	1 YES → Q403 2 NO → Q403	1 YES → Q404 2 NO → Q404	— —
H. Emergency Hormonal Contraception (“Morning After Pill”; Postinor)	1 YES → Q401 2 NO- → I	1 YES → Q402 2 NO → Q402	1 YES → Q403 2 NO → Q403	1 YES → Q404 2 NO → Q404	— —
I. Rhythm/Calendar Method	1 YES → Q401 2 NO- → J	1 YES → Q402 2 NO → Q402	1 YES → Q404 2 NO → Q404		— —
J. Withdrawal (Coitus Interruptus)	1 YES → Q401 2 NO- → K	1 YES → Q402 2 NO- → Q402	1 YES → Q404 2 NO → Q404		— —
K. Other contraceptive methods (SPECIFY): _____	1 YES → Q401 2 NO- → Q405	1 YES → Q402 2 NO- → Q402	1 YES → Q404 2 NO → Q404		— —

### CODES FOR Q404 (DO NOT READ)

- |                     |   |
|---------------------|---|
| 1. MOTHER           | 10. NURSE, MIDWIFE, FELDCHER                |
| 2. FATHER           | 11. COMMUNITY HEALTH WORKER                 |
| 3. RELATIVE         | 12. TEACHER                                 |
| 4. BOYFRIEND        | 13. PHARMACIST                              |
| 5. FRIENDS          | 14. BOOKS                                   |
| 6. CO-WORKER        | 15. NEWSPAPERS, MAGAZINES, BROCHURE, FLYERS |
| 7. COLLEAGUES, PEER | 16. RADIO                                   |
| 8. PARTNER/HUSBAND  | 17. TV                                      |
| 9. DOCTOR           | 20. OTHER (SPECIFY): _____                  |
|                     | 88. DON'T REMEMBER                          |

405. Looking at this CARD, please tell me which do you think is the most effective contraceptive method?  
(SHOW CARD A)

- |  |                                    |
|--|------------------------------------|
| 1. The Pill  | 9. Injectables (Depo-Provera)      |
| 2. IUD   | 10. Vasectomy (Male Sterilization) |
| 3. Condom  | 11. Rhythm Method                  |
| 6. Foams/jelly/creams/Foamy Tablets                        | 12. Withdrawal                     |
| 7. Tubal Ligation  | 77. NONE OF THEM                   |
| 8. Emergency Hormonal Contraception ("Morning After Pill") | 88. DON'T KNOW/NOT SURE            |

406. How would you rate each of the following methods with regard to effectiveness at preventing pregnancy?  
Would you say that \_\_\_\_\_ is very effective, effective, somewhat effective, not very effective or not at all effective?

(INTERVIEWER: ASK THE QUESTION FOR EACH OF THE METHODS LISTED BELOW, UNLESS RESPONDENT HAS SAID IN Q400 THAT HE NEVER HEARD OF THAT SPECIFIC METHOD; MARK "9" FOR THOSE CASES WITHOUT ASKING)

	Very Effective	Effective	Somewhat Effective	Not Very Effective	Do Not Know	Never Heard
1. The pill	1	2	3	4	8	9
2. IUD	1	2	3	4	8	9
3. Condom	1	2	3	4	8	9
7. Tubal ligation	1	2	3	4	8	9
9. Injectables	1	2	3	4	8	9
11. Calendar	1	2	3	4	8	9
12. Withdrawal	1	2	3	4	8	9

#### BOX 4-I

IF RESPONDENT IS 15-24 YEARS OF AGE CONTINUE; IF HE IS 25-49 YEARS GO TO Q420, Pg. 14

410. Now I have some questions about your first sexual intercourse. When did you have sexual intercourse for the first time - in what month and year was that? (PROBE: Can you tell me what year that was?)

\_\_\_\_ MONTH \_\_\_\_ YEAR      00. NEVER HAD INTERCOURSE → GO TO Q601, P26  
88. DON'T REMEMBER  
99. REFUSE TO ANSWER

411. How old were you at that time? \_\_\_\_ YEARS      88. DON'T REMEMBER

412. At the time you first had sexual intercourse, what was your relationship to that woman?

- |                          |                              |
|--------------------------|------------------------------|
| 1. WIFE                  | 8. RELATIVE                  |
| 2. FIANCEE               | 9. RAPE → GO TO Q421         |
| 3. GIRLFRIEND            | 10. INCEST → GO TO Q421      |
| 4. FRIEND                | 11. PROSTITUTE- → GO TO Q415 |
| 5. LOVER                 | 20. OTHER (SPECIFY) _____    |
| 6. ACQUAINTANCE          | 88. DO NOT REMEMBER          |
| 7. JUST MET → GO TO Q414 | 99. REFUSAL                  |

413. How long were you and your first partner dating when you first had sexual relations?

1. \_\_\_\_ DAYS OR 2. \_\_\_\_ WEEKS OR 3. \_\_\_\_ MONTHS OR 4. \_\_\_\_ YEARS

000=FIRST TIME WE MET  
888=DON'T REMEMBER  
999=NO RESPONSE/REFUSAL  
777=OTHER \_\_\_\_\_

414. How old was your first partner? \_\_\_\_ YEARS      88. DK/DR

415. Before you had sex for the first time, did you and your partner ever talk about using contraception?
1. YES
  2. NO
  8. DON'T REMEMBER
416. At the time you had first sexual intercourse, did you or your partner use any contraceptive method?
1. YES
  2. NO → **GO TO Q419**
  8. DK/DO NOT REMEMBER → **GO TO Q421**
  9. REF → **GO TO Q421**
417. Which contraceptive method did you or your partner use at the first intercourse?
1. THE PILL
  2. IUD
  3. CONDOM
  6. FOAM/JELLY/CREAM/VAGINAL FILMS
  8. EMERGENCY HORMONAL CONTRACEPTION
  9. INJECTABLES
  10. OTHER MODERN METHODS \_\_\_\_\_
  11. CALENDAR METHOD
  12. WITHDRAWAL
  19. DOUCHE
  20. OTHER: \_\_\_\_\_
  88. DON'T KNOW/DON'T REMEMBER
418. Who made the decision to use contraception at that time? (**READ 1-3**)
1. You
  2. Your partner
  3. Both you and your partner
  8. DON'T REMEMBER

**GO TO Q421**

419. What was the main reason for not using a contraceptive method at that time?
1. SEX WAS NOT EXPECTED
  2. THOUGHT IT WAS A SAFE TIME OF THE MONTH
  3. DID NOT KNOW WHERE TO GET A METHOD//DIFFICULT TO GET/NOT AVAILABLE
  4. RESPONDENT WAS AGAINST IT
  5. PARTNER WAS AGAINST IT
  6. DID NOT KNOW ABOUT CONTRACEPTION
  7. WANTED TO GET PREGNANT
  8. THOUGHT THAT CONTRACEPTIVE METHODS ARE HARMFUL
  9. DID NOT THINK ABOUT USING A METHOD/NEGLIGENCE
  10. RESPONDENT AFRAID OF PARTNER'S REACTION
  11. TOO DRUNK (PARTNER OR RESPONDENT)
  12. RESPONDENT WAS TOO EMBARRASSED TO USE A METHOD
  20. OTHER (SPECIFY) \_\_\_\_\_
  88. DON'T REMEMBER/DON'T KNOW

**GO TO Q421**

420. How old were you at the time of your first sexual intercourse?
- \_\_\_\_ YEARS                      00. NEVER HAD INTERCOURSE-- → GO TO Q601, PG26
88. DK/DR
421. During the past 30 days (past month) have you had sexual intercourse?
1. YES
  2. NO → **GO TO Q436, PG.17**
  9. REF → **GO TO Q436, PG.17**

422. How many times have you had sexual intercourse during the past 30 days (READ 1-5)?
1. Every day,
  2. 3-5 times per week,
  3. 1-2 times per week,
  4. 2-3 times per month, or
  5. Only once
  9. REFUSED
423. At the time of your last sexual intercourse, what was your relationship with that woman?
- |                             |                                    |
|-----------------------------|------------------------------------|
| 1. WIFE → <b>GO TO Q425</b> | 7. JUST MET → <b>GO TO Q425</b>    |
| 2. FIANCEE                  | 8. RELATIVE → <b>GO TO Q425</b>    |
| 3. GIRLFRIEND               | 11. PROSTITUTE → <b>GO TO Q425</b> |
| 4. FRIEND                   | 20. OTHER (SPECIFY) _____          |
| 5. LOVER                    | 88. DO NOT REMEMBER _____          |
| 6. ACQUAINTANCE             | 99. REFUSAL                        |
424. How long were you and your last partner dating when you last had sexual relations?
1. \_\_\_\_\_ DAYS OR 2. \_\_\_\_\_ WEEKS OR 3. \_\_\_\_\_ MONTHS OR 4. \_\_\_\_\_ YEARS
- 000=FIRST TIME WE MET  
888=DON'T REMEMBER  
999=NO RESPONSE  
777=OTHER \_\_\_\_\_
425. At the time of your last sexual intercourse, did you or your partner use any contraceptive method?
1. YES
  2. NO → **GO TO Q428**
  9. DR/ REF → **GO TO Q428**
426. Which method did you use?
1. THE PILL
  2. IUD
  3. CONDOM → **GO TO Q431**
  4. SPERMICIDE (FOAM/JELLY/CREAM/VAGINAL FILMS)
  5. CONDOM+SPERMICIDE → **GO TO Q431**
  6. CONDOM +CALENDAR / WITHDRAWAL → **GO TO Q431**
  7. TUBAL LIGATION
  8. EMERGENCY HORMONAL CONTRACEPTION / MORNING AFTER PILL
  9. INJECTABLES (EXAMPLE: DEPO-PROVERA)
  10. OTHER MODERN METHOD (SPECIFY) \_\_\_\_\_
  11. CALENDAR METHOD
  12. WITHDRAWAL → **GO TO Q427A**
  13. WITHDRAWAL+CALENDAR → **GO TO Q427A**
  20. OTHER NATURAL METHOD (SPECIFY) \_\_\_\_\_
  88. DON'T KNOW/DON'T REMEMBER
427. At the time of your last sexual intercourse, did you or your partner use a condom in addition to your current method?
1. YES → **GO TO BOX 4-1**
  2. NO
  9. DON'T REMEMBER / REFUSE
- 427A. During the last 30 days did you use a condom?
1. YES
  2. NO
  9. DOES NOT REMEMBER / REFUSAL

**BOX 4-1**

**IF Q426=1, 2, 7, 9, 10, 11 GO TO Q432**

427B. During the last 30 days did you or your partner use that current method: **(READ 1-4)**

1. At every sexual intercourse,
2. At almost all acts of sexual intercourse,
3. From time to time, or
4. Only once?
9. REFUSAL

**GO TO Q432**

428. In the last 30 days, did you or your partner use any contraceptive method to avoid pregnancy?

1. YES
2. NO → **GO TO Q445, PAGE 18**

429. Which contraceptive method did you use?

1. THE PILL
2. IUD
3. CONDOM → **GO TO Q431**
4. SPERMICIDE (FOAM/JELLY/CREAM/VAGINAL FILMS)
5. CONDOM+SPERMICIDE → **GO TO Q431**
6. CONDOM +CALENDAR / WITHDRAWAL → **GO TO Q431**
7. TUBAL LIGATION
8. EMERGENCY HORMONAL CONTRACEPTION / MORNING AFTER PILL
9. INJECTABLES (EXAMPLE: DEPO-PROVERA)
10. OTHER MODERN METHOD (SPECIFY) \_\_\_\_\_
11. CALENDAR METHOD
12. WITHDRAWAL
13. WITHDRAWAL+CALENDAR
20. OTHER NATURAL METHOD (SPECIFY) \_\_\_\_\_
88. DON'T KNOW

430. In the last 30 days, did you or your partner use a condom?

1. YES
2. NO
9. REFUSAL

**IF Q429=1, 2, 7, 9, 10, 11, GO TO Q432**

431. During the last 30 days did you or your partner use that current method: **(READ OPTIONS 1-4)**

1. At every sexual intercourse?
2. At almost all acts of sexual intercourse, or
3. From time to time, or
4. Only once?
9. REFUSAL

432. Why did you choose that current method? **(REFERS TO METHOD CITED IN Q426 OR Q429)**

1. DOCTOR RECOMMENDED
2. COST
3. VERY EFFECTIVE
4. NO SIDED EFFECTS (FEW SIDE EFFECTS)
5. SAW ADS (TV, RADIO, PRESS, BROCHURES)
6. EASY TO USE
7. PARTNER PREFERS IT
8. KNOWS SOMEBODY WHO USES IT
9. CURIOSITY / WANTED TO TRY IT
10. ALLOWS SPONTANEITY DURING INTERCOURSE
11. TRADITIONAL METHOD / CULTURALLY ACCEPTABLE
20. OTHER \_\_\_\_\_
88. DON'T KNOW



433. The next questions concern **the last contraceptive method** you or your partner used. Where did you or your partner get the method of contraception you used the last time you had sex?
- |                                |  |
|--------------------------------|--|
| 1. HEALTH POST                 | 9. OPEN MARKET                         |
| 2. HEALTH CENTER               | 10. STORE/ KIOSK                       |
| 3. POLICLINIC                  | 11. PARTNER/WIFE                       |
| 4. FAMILY PLANNING CLINIC      | 12. FRIEND                             |
| 5. GOV HOSPITAL-MATERNITY WARD | 13. RELATIVE                           |
| 6. PRIVATE CLINIC OR OFFICE    | 20. OTHER (SPECIFY): _____             |
| 7. NGO                         | <b>77. NATURAL METHOD → GO TO Q445</b> |
| 8. PHARMACY                    | 88. DON'T KNOW                         |

434. Do (Did) you pay for this method?
1. YES
  2. NO → **GO TO Q445**
  3. PARTNER GETS THE METHOD → **GO TO Q445**

435. On average, how much did you pay for the contraceptive method, per month? \_\_\_\_
- |                   |                             |
|-------------------|-----------------------------|
| ____ HUNDRED LEKI | 85. 85 HUNDRED LEKI OR MORE |
|                   | 88. NOT SURE/DON'T KNOW     |

**GO TO Q445**

436. During the past 3 months, have you had sexual intercourse?

1. YES
2. NO → **GO TO Q453, PAGE 19**
9. REF → **GO TO Q453, PAGE 19**

437. At the time of your last sexual intercourse, what was the relationship of your partner to you?

- |                             |                                    |
|-----------------------------|------------------------------------|
| 1. WIFE → <b>GO TO Q439</b> | 7. JUST MET → <b>GO TO Q439</b>    |
| 2. FIANCEE                  | 8. RELATIVE → <b>GO TO Q439</b>    |
| 3. GIRLFRIEND               | 11. PROSTITUTE → <b>GO TO Q439</b> |
| 4. FRIEND                   | 20. OTHER (SPECIFY) _____          |
| 5. LOVER                    | 88. DO NOT REMEMBER _____          |
| 6. ACQUAINTANCE             | 99. REFUSAL                        |

438. How long were you and your last partner dating when you last had sexual relations?

1. \_\_\_\_\_ DAYS OR 2. \_\_\_\_\_ WEEKS OR 3. \_\_\_\_\_ MONTHS OR 4. \_\_\_\_\_ YEARS
- 000=FIRST TIME WE MET  
 888=DON'T REMEMBER  
 999=NO RESPONSE  
 777=OTHER \_\_\_\_\_

439. At your last sexual intercourse, did you or your partner use any contraceptive method to avoid pregnancy?

1. YES
2. NO → **GO TO Q445**
8. DON'T REMEMBER → **GO TO Q445**
9. REFUSED → **GO TO Q445**

440. Which contraceptive method did you use?

- |  |   |
|--|---|
| 1. THE PILL  | 9. INJECTABLES (EXAMPLE: DEPO-PROVERA)      |
| 2. IUD   | 10. OTHER MODERN METHOD (SPECIFY) _____     |
| 3. CONDOM → <b>GO TO Q441A</b>                           | 11. CALENDAR METHOD                         |
| 4. SPERMICIDE (FOAM/JELLY/CREAM/VAGINAL FILMS)           | 12. WITHDRAWAL → <b>GO TO Q445</b>          |
| 5. CONDOM+SPERMICIDE → <b>GO TO Q441A</b>                | 13. WITHDRAWAL+CALENDAR → <b>GO TO Q445</b> |
| 6. CONDOM+CALENDAR / WITHDRAWAL → <b>GO TO Q441A</b>     | 20. OTHER NATURAL METHOD (SPECIFY) _____    |
| 7. TUBAL LIGATION  | 88. DON'T KNOW                              |
| 8. EMERGENCY HORMONAL CONTRACEPTION / MORNING AFTER PILL |   |

## Appendix D

441. At your last sexual intercourse, did you or your partner use a condom in addition to your current method?
1. YES
  2. NO → **GO TO Q442**
  8. DON'T REMEMBER → **GO TO Q442**
  9. REFUSED → **GO TO Q442**
- 441A. During the last 3 months how often did you use a condom when you had sexual relations with that woman? Did you use a condom: **(READ OPTIONS 1-3)**
1. At every sexual intercourse?
  2. At almost all acts of sexual intercourse, or
  3. From time to time?
  8. DON'T KNOW
  9. REFUSAL
442. Where did you or your partner get the method of contraception you used the last time you had sex?
- |                                |  |
|--------------------------------|--|
| 1. HEALTH POST                 | 9. OPEN MARKET                         |
| 2. HEALTH CENTER               | 10. STORE/ KIOSK                       |
| 3. POLICLINIC                  | 11. PARTNER/WIFE                       |
| 4. FAMILY PLANNING CLINIC      | 12. FRIEND                             |
| 5. GOV HOSPITAL-MATERNITY WARD | 13. RELATIVE                           |
| 6. PRIVATE CLINIC OR OFFICE    | 20. OTHER (SPECIFY): _____             |
| 7. NGO                         | 77. NATURAL METHOD → <b>GO TO Q445</b> |
| 8. PHARMACY                    | 88. DON'T KNOW                         |
443. Do (Did) you pay for this method?
- 1 YES
  - 2 NO → **GO TO Q445**
  - 3 PARTNER GETS THE METHOD → **GO TO Q445**
444. On average, how much did you pay for the contraceptive method, per month? \_\_\_\_ \_\_\_\_
- |                        |                             |
|------------------------|-----------------------------|
| ____ ____ HUNDRED LEKI | 85. 85 HUNDRED LEKI OR MORE |
|                        | 88. NOT SURE/DON'T KNOW     |
445. During the past 3 months, with how many different women have you had intercourse?
- |                    |                           |
|--------------------|---------------------------|
| ____ ____ PARTNERS | 85. 85+ WOMEN             |
|                    | 88. DON'T KNOW / NOT SURE |
|                    | 99. NO RESPONSE           |
- IF Q445>1 CONTINUE; IF Q445=1, 88 OR 99 GO TO Q460, PAGE 20**
446. You told me that in the last 3 months you had sexual relations with more than 1 woman. What was the relationship with the next-to-last woman when you last had sexual intercourse with her?
- |                             |                                    |
|-----------------------------|------------------------------------|
| 1. WIFE → <b>GO TO Q449</b> | 7. JUST MET → <b>GO TO Q449</b>    |
| 2. FIANCEE                  | 8. RELATIVE → <b>GO TO Q449</b>    |
| 3. GIRLFRIEND               | 11. PROSTITUTE → <b>GO TO Q449</b> |
| 4. FRIEND                   | 20. OTHER (SPECIFY) _____          |
| 5. LOVER                    | 88. DO NOT REMEMBER _____          |
| 6. ACQUAINTANCE             | 99. REFUSAL                        |
447. How long had you and that partner been together when you last had sexual relations?
1. \_\_\_\_\_ DAYS OR 2. \_\_\_\_\_ WEEKS OR 3. \_\_\_\_\_ MONTHS OR 4. \_\_\_\_\_ YEARS
- 000=FIRST TIME WE MET  
 888=DON'T REMEMBER  
 999=NO RESPONSE  
 777=OTHER



456. Which contraceptive method did you or your partner use at the last intercourse?
- |  |   |
|--|---|
| 1. THE PILL                                | 9. INJECTABLES (EXAMPLE: DEPO-PROVERA)                      |
| 2. IUD                                     | 10. OTHER MODERN METHOD (SPECIFY) _____                     |
| 3. CONDOM                                  | 11. CALENDAR METHOD → <b>GO TO Q460</b>                     |
| 4. CONDOM +SPERMICIDE                      | 12. WITHDRAWAL ("MAN FINISHES OUTSIDE") → <b>GO TO Q460</b> |
| 5. CONDOM + WITHDRAWAL/CALENDAR            | 13. WITHDRAWAL AND CALENDAR → <b>GO TO Q460</b>             |
| 6. FOAM/JELLY/CREAM/VAGINAL FILMS/DIAFRAGM | 20. OTHER TRADITIONAL METHOD: _____                         |
| 7. TUBAL LIGATION                          | 88. DON'T KNOW / DON'T REMEMBER                             |
| 8. EMERGENCY HORMONAL CONTRACEPTION        |   |
457. Where did you or your partner get the method of contraception you used the last time?
- |                                |  |
|--------------------------------|--|
| 1. HEALTH POST                 | 9. OPEN MARKET                         |
| 2. HEALTH CENTER               | 10. STORE/ KIOSK                       |
| 3. POLICLINIC                  | 11. PARTNER/WIFE                       |
| 4. FAMILY PLANNING CLINIC      | 12. FRIEND                             |
| 5. GOV HOSPITAL-MATERNITY WARD | 13. RELATIVE                           |
| 6. PRIVATE CLINIC OR OFFICE    | 20. OTHER (SPECIFY): _____             |
| 7. NGO                         | <b>77. NATURAL METHOD → GO TO Q460</b> |
| 8. PHARMACY                    | 88. DON'T KNOW                         |
458. Do (Did) you pay for this method?
- 1 YES  
2 NO → **GO TO Q460**  
3 PARTNER GETS THE METHOD → **GO TO Q460**
459. On average, how much did you pay for the contraceptive method, per month? \_\_\_\_ \_
- |                     |                             |
|---------------------|-----------------------------|
| ____ _ HUNDRED LEKI | 85. 85 HUNDRED LEKI OR MORE |
|                     | 88. NOT SURE/DON'T KNOW     |
460. How many women have you had sexual intercourse with in the last 12 months? (even those you had intercourse with only once).
- |              |                                 |
|--------------|---------------------------------|
| ____ _ WOMEN | 85. 85 OR MORE                  |
|              | 88. DON'T KNOW / DON'T REMEMBER |
|              | 99. NO RESPONSE                 |
- 460A. Counting all the women you had sexual intercourse with, even those you had intercourse with only once, how many women have you had sexual intercourse with in your life?
- |              |                                 |
|--------------|---------------------------------|
| ____ _ WOMEN | 85. 85 OR MORE                  |
|              | 88. DON'T KNOW / DON'T REMEMBER |
|              | 99. NO RESPONSE                 |
461. Have you ever had sexual relations with a prostitute?
1. YES  
2. NO → **GO TO MODULE V**  
2. DON'T REMEMBER / REFUSE → **GO TO MODULE V**
462. When was the last time you had sexual relations with a prostitute? Did you have relations: (**READ 1-4**)?
1. In the last month?  
2. 2-3 months ago  
3. In the last year, but not in the last month, or  
4. More than a year ago  
9. DON'T REMEMBER / REFUSE
463. Did you use a condom the last time you had sexual relations with a prostitute?
1. YES  
2. NO  
9 DON'T REMEMBER / REFUSE

## V. CURRENT AND PAST CONTRACEPTIVE USE

**503A. VERIFY WHETHER RESPONDENT REPORTED CURRENTLY (LAST 30 DAYS) USING ANY METHOD (SEE Q425 AND Q428: PAGE 15 AND 16). CIRCLE "1" OR "2".**

1. DID NOT USE A METHOD IN THE PAST 30 DAYS (Q425=2 AND Q428=2 OR BLANK) CONTINUE
2. USED A METHOD IN THE LAST 30 DAYS (Q425=1 OR Q428=1 → GO TO BOX 5-I

503. So, you said that you or any of your partners are not currently (in the last 30 days) using any method to prevent pregnancy?

1. CURRENTLY USING → **CORRECT Q425 OR Q428, AND THEN CONTINUE**
2. NOT CURRENTLY USING → **GO TO Q515**

### BOX 5-I

**IF CURRENTLY USES TRADITIONAL METHOD (SEE Q426 AND Q429) CONTINUE,  
ELSE GO TO Q510**

508. Please tell me whether each of the following reasons was very important, somewhat important, or not important at all in your decision to use \_\_\_\_\_ (WRITE NAME OF TRADITIONAL METHOD) instead of a modern method:

	<u>VERY IMPORTANT</u>	<u>SOMEWHAT IMPORTANT</u>	<u>NOT IMPORTANT</u>	<u>DON'T KNOW</u>
A. Difficult to get a modern method	1	2	3	8
B. Cost of these modern methods	1	2	3	8
C. Little knowledge of modern methods	1	2	3	8
D. Fear of or experience with side effects	1	2	3	8
E. Husband/Partner choice	1	2	3	8
F. Religious beliefs	1	2	3	8
G. Doctor's recommendation	1	2	3	8
H. Another person's advice	1	2	3	8

509. How effective at preventing pregnancy do you think (TRADITIONAL METHOD NAMED) is compared to modern methods, like the pill or the IUD? **(READ 1-3)**

1. Current method more effective
2. About equally effective
3. Current method less effective
8. DON'T KNOW/NOT SURE

510. Do you have any problems or concerns with using your current method?

1. YES
2. NO → **GO TO Q512**

511. What is the most important problem?

1. SIDE EFFECTS
2. HEALTH CONCERNS
3. ACCESS/AVAILABILITY
4. COST
5. SOMETIMES FORGET TO USE
6. SOMETIMES DIFFICULT/INCONVENIENT TO USE
7. WIFE / PARTNER DISAPPROVES
8. LESS EFFECTIVE METHOD/GOT PREGNANT WHILE USING IT
9. DEEPLY UNSATISFIED WITH THE METHOD
10. OTHER \_\_\_\_\_

512. Would you prefer to use a different method of family planning from the one you are currently using?
1. YES
  2. NO → **GO TO 521**
513. What method would you prefer to use (**OTHER THAN THE METHOD ALREADY SPECIFIED**)?
1. THE PILL
  2. IUD
  3. CONDOM
  4. CONDOM +SPERMICIDE
  5. CONDOM +WITHDRAWAL/CALENDAR-
  6. FOAM/JELLY/CREAMS/C-FILMS
  7. FEMALE STERILIZATION
  8. EMERGENCY HORMONAL CONTRACEPTION
  9. INJECTABLES (DEPO PROVERA)
  10. OTHER MODERN METHODS \_\_\_\_\_
  11. CALENDAR
  12. WITHDRAWAL
  13. WITHDRAWAL AND CALENDAR
  20. OTHER NATURAL METHODS \_\_\_\_\_
  88. DO NOT KNOW/NOT SURE
514. What is the most important reason that you do not use that method?
1. DOCTOR WILL NOT PRESCRIBE IT
  2. COST
  3. NOT AVAILABLE/UNRELIABLE SUPPLIES/DIFFICULT TO OBTAIN
  4. TOO FAR AWAY
  5. DO NOT KNOW HOW/WHERE TO OBTAIN IT
  6. WIFE/PARTNER OBJECTS TO IT
  7. RELIGIOUS REASONS
  8. FEAR OF SIDE EFFECTS
  9. HAS NOT YET MADE UP HIS/THEIR MIND
  10. DIFFICULT TO USE
  11. FEAR OF SURGICAL PROCEDURE (IUD, TL, NORPLANT)
  20. OTHER \_\_\_\_\_
  88. DON'T KNOW

**BOX 5-II**

**GO TO Q 521**

515. What is the main reason that you or your partner are not currently using a contraceptive method?
1. DOES NOT CURRENTLY HAVE A PARTNER/ NOT SEXUALLY ACTIVE IN THE LAST MONTH
  2. TRYING TO GET PREGNANT
  3. PARTNER/WIFE POSTPARTUM/ BREASTFEEDING
  4. PARTNER/WIFE CURRENTLY PREGNANT
  5. PARTNER/WIFE HYSTERECTOMY/MENOPAUSE → **GO TO Q523**
  6. DOCTOR SAID HE OR HIS WIFE/PARTNER CANNOT HAVE CHILDREN → **GO TO Q523**
  7. COUPLE TRIED TO GET PREGNANT FOR AT LEAST 2 YEARS AND DIDN'T SUCCEED → **GO TO Q523**
  8. FEAR OF SIDE EFFECTS
  9. LOVEMAKING WOULD BE INTERRUPTED
  10. RESPONDENT DID NOT THINK ABOUT USING CONTRACEPTION
  11. COST, CANNOT AFFORD BIRTH CONTROL
  12. BIRTH CONTROL IS THE PARTNER'S RESPONSIBILITY
  13. BIRTH CONTROL IS NOT (VERY) EFFECTIVE
  14. RESPONDENT DOES NOT WANT TO USE A METHOD
  15. PARTNER OBJECTS TO USING METHOD
  16. OBJECTS DUE TO RELIGIOUS REASONS
  17. DOES NOT KNOW WHERE TO GET METHOD
  18. RESPONDENT DOES NOT KNOW HOW TO USE BIRTH CONTROL METHODS
  19. RESPONDENT DOES NOT THINK THAT HE AND PARTNER CAN GET PREGNANT
  20. RESPONDENT HAS NO TIME TO GO TO A FP CLINIC/ OR BUY CONDOMS
  21. RESPONDENT'S PARTNER USES DOUCHING
  77. OTHER (SPECIFY) \_\_\_\_\_
  88. DON'T KNOW

516. Do you think that you will use a contraceptive method during the next 12 months (**ADD:OTHER THAN DOUCHING IF Q515=21**)? (**YOU OR YOUR PARTNER**)
1. YES → **GO TO Q518**
  2. NO
  8. NOT SURE
517. Do you think that you will use a contraceptive method any time in the future?
1. YES
  2. NO → **GO TO Q521**
  8. NOT SURE → **GO TO Q521**
518. What method would you want to use most?
1. THE PILL
  2. IUD
  3. CONDOM
  4. CONDOM +SPERMICIDE
  5. CONDOM +WITHDRAWAL/CALENDAR-
  6. FOAM/JELLY/CREAMS/C-FILMS
  7. FEMALE STERILIZATION
  8. EMERGENCY HORMONAL CONTRACEPTION
  9. INJECTABLES(DEPO PROVERA)
  10. OTHER MODERN METHODS \_\_\_\_\_
  11. CALENDAR → **GO TO Q521**
  12. WITHDRAWAL → **GO TO Q521**
  13. WITHDRAWAL + CALENDAR → **GO TO Q521**
  20. OTHER → **GO TO Q521**
  88. NOT SURE → **GO TO Q521**
519. On average, how much are you willing to pay for contraception, per month? (**YOU OR YOUR PARTNER**)
- |                    |                             |
|--------------------|-----------------------------|
| _____ HUNDRED LEKI | 85. 85 HUNDRED LEKI OR MORE |
|                    | 88. NOT SURE/DON'T KNOW     |
520. Where would you want to get your contraceptive method? (**YOU OR YOUR PARTNER**)
- |                                |                            |
|--------------------------------|----------------------------|
| 1. HEALTH POST                 | 8. PHARMACY                |
| 2. HEALTH CENTER               | 9. OPEN MARKET             |
| 3. POLICLINIC                  | 10. STORE/ KIOSK           |
| 4. FAMILY PLANNING CLINIC      | 11. PARTNER/WIFE           |
| 5. GOV HOSPITAL-MATERNITY WARD | 12. FRIEND                 |
| 6. PRIVATE CLINIC OR OFFICE    | 13. RELATIVE               |
| 7. NGO                         | 20. OTHER (SPECIFY): _____ |
|                                | 88. DON'T KNOW             |
521. During the last year, how often did you talk about contraception with your wife / partner?
1. NEVER → **GO TO Q523**
  2. ONE OR TWO TIMES
  3. THREE TIMES OR MORE
  4. RESPONDENT HAD NO PARTNER DURING THE LAST YEAR → **GO TO Q523**
522. Generally, does your wife / partner agree or disagree with the use of contraceptive methods?
1. AGREES
  2. DISAGREES
  3. NEITHER AGREES NOR DISAGREES
  8. NOT SURE/DON'T KNOW

523. Some people use condoms for reasons other than birth control, for instance because they are concerned about getting diseases that can result from sexual intercourse. Have you ever used condoms for: **(READ 1-4)**
1. Birth Control Only → **GO TO BOX 5-III**
  2. Disease Prevention Only → **GO TO BOX 5-III**
  3. Both, or → **GO TO BOX 5-III**
  4. You Never Used a Condom?
  5. USED CONDOM OUT OF CURIOSITY
  8. NOT SURE/ DO NOT REMEMBER
524. Why have you and your partner(s) never used condoms?
1. PREVENTING PREGNANCY IS WOMAN'S RESPONSIBILITY
  2. PARTNER(S) OBJECTED TO USE CONDOMS
  3. HAVE ONLY ONE PARTNER
  4. THEY ARE ONLY FOR USE WITH PROSTITUTES
  5. THEY ARE ONLY FOR EXTRAMARITAL RELATIONS
  6. CONDOMS DIMINISH PLEASURE/SPONTANEITY
  7. CONDOMS ARE LESS EFFECTIVE IN PREVENTING PREGNANCY
  8. CONDOMS ARE TOO DIFFICULT TO USE
  9. LOVEMAKING WOULD BE INTERRUPTED
  10. CONDOM USE IS TOO MESSY
  11. COST
  12. HE HAS NEVER THOUGHT ABOUT IT
  13. IT IS EMBARRASSING TO BUY CONDOMS
  14. PREFERS OTHER CONTRACEPTIVE METHODS
  20. OTHER \_\_\_\_\_
  88. DON'T KNOW

**BOX 5-III**

**VERIFY Q425 AND 428 (PAGES 15 & 16); IF RESPONDENT CURRENTLY USING A METHOD GO TO Q553**

551. Do you think that you can get your partner pregnant now?
1. YES
  2. NO
  3. NOT SURE
  4. PARTNER IS PREGNANT NOW
552. What is the reason why you think you cannot get your partner pregnant now?
1. DOES NOT CURRENTLY HAVE A PARTNER / NOT SEXUALLY ACTIVE
  2. PARTNER IS POSTPARTUM / BREASTFEEDING
  3. GENITAL INFECTION (ANEXITA, ENDOMETRITIS)
  4. SYSTEMATIC OR ENDOCRINAL DISEASE
  5. HYSTERECTOMY (OPERATION TO REMOVE THE UTERUS) → **GO TO MODULE VI**
  6. MENOPAUSAL → **GO TO MODULE VI**
  7. OVARIAN CYST OR DYSFUNCTION → **GO TO MODULE VI**
  8. OBSTRUCTED OR MISSING FALLOPIAN TUBES → **GO TO MODULE VI**
  9. NO PREGNANCY FOR 2 YEARS DESPITE NO CONTRACEPTION → **GO TO MODULE VI**
  10. RESPONDENT HAD OPERATION SO CANNOT HAVE KIDS → **GO TO MODULE VI**
  11. RESPONDENT STERILE → **GO TO MODULE VI**
  12. USING A CONTRACEPTIVE METHOD → **VERIFY Q425 & Q428 (P. 15-16), CORRECT IF NECESSARY**
  20. OTHER (SPECIFY) \_\_\_\_\_
  88. DON'T KNOW



- 
553. Looking to the future, do you yourself intend to have (a/another) baby at some time (**IF CURRENTLY PREGNANT ADD** "...after this pregnancy"?)
1. WANTS A BABY
  2. DOES NOT WANT A BABY → **GO TO Q555**
  3. RESPONDENT WANTS A BABY BUT PARTNER DISAGREES
  4. RESPONDENT DOES NOT WANT A BABY BUT PARTNER WANTS → **GO TO Q555**
  8. DK → **GO TO Q555**
554. When do you, yourself, actually want to get your wife/partner pregnant (again)...(**READ 1-4**)
1. Right away, (**DO NOT READ IF THE HIS WIFE / PARTNER IS ALREADY PREGNANT**)
  2. Within the next 12 months,
  3. Within 1-2 years,
  4. or after 2 years?
  6. AFTER HE MARRIES
  7. WHEN GOD WANTS
  8. DON'T KNOW
555. **IF Q553 =1, 3, OR 8 BEGIN WITH:** "After having all the children you want,...")  
Do you think you would be interested in your partner having an operation (tubal ligation) to prevent having any more children?
1. YES → **GO TO MODULI VI**
  2. NO
  3. WIFE / PARTNER IS ALREADY STERILIZED → **GO TO MODULI VI**
  4. HE HAS HAD A VASECTOMY → **GO TO MODULI VI**
  8. NOT SURE
556. What is the most important reason you wouldn't be interested in her having such a procedure?
1. HEALTH RISKS/FEAR OF SIDE EFFECTS
  2. FEAR OF OPERATION
  3. DOESN'T KNOW ENOUGH ABOUT /NEVER HEARD OF STERILIZATION
  4. MIGHT WANT ANOTHER CHILD
  5. COST
  6. DOES NOT HAVE A PARTNER/NOT SEXUALLY ACTIVE
  7. AGE TOO YOUNG OR TOO OLD (APPROACHING MENOPAUSE)
  8. HAVEN'T THOUGHT ABOUT IT
  9. NOT CULTURALLY ACCEPTABLE
  10. RELIGIOUS REASONS
  11. PREFERS (OR USES) OTHER CONTRACEPTIVE METHODS
  12. CANNOT GET PREGNANT (INFERTILITY, MEDICAL REASONS)
  20. OTHER \_\_\_\_\_
  88. DON'T KNOW

## VI. MEN'S HEALTH

Now I would like to ask you some questions about your health.

601. In the past 12 months, have you visited any health facility for care for yourself, including obtaining preventive services, such as family planning counseling or health check-ups?

1. YES
2. NO → **GO TO Q604**
8. DK/DO NOT REMEMBER → **GO TO Q604**

603. During your visit in the past 12 months at the health facility, did a doctor or medical provider talk to you about

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u> <u>DON'T REM.</u>
A. Condoms	1	2	8
B. STDs (Sexually Transmitted Diseases)	1	2	8
C. Control for pregnancy	1	2	8

604. Many different factors can prevent us from getting medical advice or treatment. When you want to get medical advice or treatment, are any of the following major problems or not (**READ A -G**)?

	<u>BIG</u> <u>PROBLEM</u>	<u>NOT A BIG</u> <u>PROBLEM</u>
A. Knowing where to go	1	2
C. Getting money needed for treatment	1	2
D. The distance to the health facility	1	2
E. Having to take transport	1	2
G. Concern that there may not be a male health provider	1	2

614. Have you ever tried cigarette smoking, even one or two puffs?

1. YES
2. NO → **GO TO 621**

615. How old were you when you smoked a cigarette for the first time?

\_\_\_ YEARS                      88. DK  
   99.NR

616. Have you smoked at least 100 cigarettes in your entire life? (**PROBE:** 100 cigarettes is about 5 packs)

1. YES
2. NO → **GO TO 621**
8. DK → **GO TO 621**
9. REFUSAL → **GO TO 621**

617. How old were you when you first started smoking fairly regularly?

\_\_\_ YEARS                      00. NEVER SMOKED REGULARLY  
   88. DO NOT REMEMBER  
   99. REFUSE

618. During the last 30 days, did you smoke cigarettes: (**READ 1-4**)

1. Every Day
2. Almost Every Day
3. Some Days
4. Not at All in the last 30 days → **GO TO Q620**
9. REFUSAL → **GO TO Q620**

619. During the last 30 days, on the days you smoked, how many cigarettes did you smoke per day?

1. 1 CIGARETTE PER DAY
2. 2-5 CIGARETTES PER DAY
3. 6-10 CIGARETTES PER DAY
4. 11-19 CIGARETTES PER DAY
5. 20 OR MORE CIGARETTES PER DAY

**GO TO Q621**

620. In what month and year did you last smoke cigarettes at all? **(PROBE FOR SEASON IF MONTH IS UNKNOWN)**

\_\_\_ MONTH

\_\_\_ \_\_\_ YEAR

88. DK

99. REF

621. Now, I will ask you about some medical conditions that you may have had. Has a doctor or other medical care provider ever told you that you had Diabetes or "high sugar"?

1. YES
2. NO
8. NOT SURE
9. REFUSAL

622. Has a doctor or other medical care provider ever told you that you had heart disease?

1. YES
2. NO
8. NOT SURE
9. REFUSAL

625. Has a doctor or other medical care provider ever told you that you had Hypertension or High Blood Pressure?

1. YES
2. NO
8. NOT SURE
9. REFUSAL

626. Has a doctor or other medical care provider ever told you that you had Hepatitis B?

1. YES
2. NO
8. NOT SURE
9. REFUSAL

627. In the past 12 months have you had any of the following symptoms?

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>
A. Discharge from the penis	1	2	8
B. Itching or burning in the genital area	1	2	8
C. Burning pain on urination	1	2	8
D. Pain during sexual intercourse	1	2	8
E. Sore, ulcer or warts in genital area	1	2	8
F. Swelling in genital area	1	2	8

**IF ALL Q627 (A-F) > 1 (NO SYMPTOMS IN THE PAST 12 MONTHS) GO TO Q631; ELSE CONTINUE**

628. Did you have any treatment for this(ese) condition(s)?

1. YES
2. NO → **GO TO Q630**
8. NOT SURE → **GO TO Q630**

629. Who treated you?

- |                                       |                      |
|---------------------------------------|----------------------|
| 1. OB/GYN                             | 7. PARTNER           |
| 2. FAMILY DOCTOR/GENERAL PRACTITIONER | 8. FRIEND/RELATIVE   |
| 3. DERMATOLOGIST                      | 9. SELF-TREATMENT    |
| 4. INFECTIOUS DISEASES DOCTOR         | 20. OTHER: _____     |
| 5. NURSE/MIDWIFE                      | 99. REFUSE TO ANSWER |
| 6. PHARMACIST                         |                      |

**GO TO Q631**

630. What was the main reason you did not seek treatment?

1. SERVICES TOO FAR AWAY / INACCESSIBLE
2. DON'T KNOW WHERE TO GO FOR SERVICES
3. CANNOT AFFORD SERVICES OR TREATMENT
4. AFRAID OF KNOWING THE RESULTS
5. IT IS EMBARRASSING
6. DID NOT THINK WAS A STD
7. SYMPTOM(S) DISAPPEARED
8. OTHER (SPECIFY) \_\_\_\_\_
9. REFUSE

631. In the past 3 months, have you had a drink containing alcohol, that is raki, beer, wine, a cocktail, shot of liqueur, vodka, or whiskey?

1. YES
2. NO → **GO TO MODULE VII**
8. NOT SURE/DO NOT REMEMBER → **GO TO MODULE VII**
9. REFUSE → **GO TO MODULE VII**

632. In the past 3 months, on the days that you drank alcohol, how many drinks did you usually have?

- |                   |  |
|-------------------|--|
|                   | 00. NO DRINKS/ONLY FEW SIPS → <b>GO TO MODULE VII</b>  |
|                   | 88. NOT SURE/DO NOT REMEMBER → <b>GO TO MODULE VII</b> |
| _____ # OF DRINKS | 99. REFUSE → <b>GO TO MODULE VII</b>                   |

633. In the past 3 months, how often did you drink that amount (**PROBE:** per day, week, or month)?

1. EVERYDAY
2. ALMOST EVERY DAY
3. 1-2 TIMES A WEEK
4. 2-3 TIMES A MONTH
5. ONCE A MONTH
6. 1-2 TIMES IN THREE MONTHS

634. In the past 3 months, have there been days when you had more than usual (# **FROM Q632**) drinks?

1. YES
2. NO → **GO TO MODULE VII**
8. NOT SURE/DO NOT REMEMBER → **GO TO MODULE VII**
9. REFUSE → **GO TO MODULE VII**

635. In the past 3 months, how many drinks did you have on the days that you drank more than usual (# **FROM Q632**)? (**CHECK IF # FROM Q635 > # FROM Q632**)

- |                   |  |
|-------------------|--|
|                   | 88. NOT SURE/DO NOT REMEMBER → <b>GO TO MODULE VII</b> |
| _____ # OF DRINKS | 99. REFUSE → <b>GO TO MODULE VII</b>                   |

---

## **VII REPRODUCTIVE HEALTH KNOWLEDGE/ATTITUDES**

700. What do you think is the ideal number of children for a young family in Albania?
- |                 |                         |
|-----------------|-------------------------|
| 0. 0 CHILDREN   | 6. 3-4 CHILDREN         |
| 1. 1 CHILD      | 7. 4 CHILDREN           |
| 2. 1-2 CHILDREN | 8. 5 OR MORE            |
| 3. 2 CHILDREN   | 9. AS MANY AS GOD GIVES |
| 4. 2-3 CHILDREN | 77. AS MANY AS POSSIBLE |
| 5. 3 CHILDREN   | 88. DON'T KNOW          |
701. During a woman's menstrual cycle, are there certain days when she is more likely to become pregnant if she has sexual relations?
1. YES  
2. NO → **GO TO 702**  
8. DO NOT KNOW → **GO TO 702**
- 701A. When is it most likely for a woman to become pregnant, just before her period begins, during her period, right after her period has ended, or halfway between two periods?
- 1 Just before her period starts,  
2 During her period,  
3 Right after period ends,  
4 Halfway between her periods,  
8 DON'T KNOW
702. Do you think that breastfeeding increases, decreases or has no effect on a woman's chance to get pregnant?
1. INCREASES THE CHANCE  
2. DECREASES THE CHANCE  
3. HAS NO EFFECT  
8. DO NOT KNOW
703. Do you think that a woman always has the right to decide about her pregnancy, including whether or not to have an abortion?
1. YES → **GO TO Q705**  
2. NO
704. Under which of the following conditions is it all right for a woman to have an abortion (**READ A-F**)?
- |  | <u><b>YES</b></u> | <u><b>NO</b></u> | <u><b>DEPENDS</b></u> | <u><b>DK</b></u> |
|--|-------------------|------------------|-----------------------|------------------|
| A. Her life is endangered by the pregnancy           | 1                 | 2                | 3                     | 8                |
| B. The fetus has a physical deformity                | 1                 | 2                | 3                     | 8                |
| C. The pregnancy was the result of rape              | 1                 | 2                | 3                     | 8                |
| D. Her health is endangered by the pregnancy         | 1                 | 2                | 3                     | 8                |
| E. She is unmarried                                  | 1                 | 2                | 3                     | 8                |
| F. The couple cannot afford to have a (nother) child | 1                 | 2                | 3                     | 8                |
705. If a woman had an unwanted pregnancy what should she do? (**READ 1-3**):
1. Have the baby and keep it  
2. Have the baby and give it up for adoption  
3. Have an abortion  
8. DON'T KNOW

## Appendix D

706. I would like to know if you are in agreement with the following statements (**READ A-I**):

	<u>AGREE</u>	<u>DISAGREE</u>	<u>DK</u>
A. A woman can become pregnant the first time she has sexual intercourse	1	2	8
B. All people should get married	1	2	8
C. A woman should be a virgin when she marries	1	2	8
D. The main job for a woman is to take care of the home and cook for her family	1	2	8
E. A married woman needs her husband's permission to work outside the home	1	2	8
F. If a woman works, she should give her money to her husband	1	2	8
G. If a woman works, her husband should help her with the household chores	1	2	8
H. The men in the family should have the final say in all family matters	1	2	8
I. Child care is a woman's job	1	2	8

707. Who do you think should decide how many children a couple should have (**READ 1-5**)?

1. The woman,
2. The man,
3. Both
4. Mother in law, or
5. God?
8. DON'T KNOW

708. How would you rank each of the following birth control methods (**SHOW CARD C**) with regard to their risk of developing health problems; please tell me if the risk is low, medium, or high:

	<u>LOW RISK</u>	<u>MEDIUM RISK</u>	<u>HIGH RISK</u>	<u>DK</u>
A. Pill	1	2	3	8
B. IUD	1	2	3	8
C. Condom	1	2	3	8
D. Tubal Ligation	1	2	3	8
E. Injectable (Depo-Provera)	1	2	3	8
F. Abortion on Request	1	2	3	8

712. Do you want to have more information about contraceptive methods?

1. YES
2. NO → **GO TO Q714**
8. DON'T KNOW → **GO TO Q714**

713. Who do you think would be the best source of information about contraceptive methods?

- |                                    |                                      |
|------------------------------------|--------------------------------------|
| 1. MOTHER                          | 10. NURSE, MIDWIFE                   |
| 2. OTHER RELATIVE                  | 11. TEACHER                          |
| 3. GIRLFRIEND                      | 12. PHARMACIST                       |
| 4. WIFE, PARTNER                   | 13. BOOKS                            |
| 5. SOMEBODY WHO USES CONTRACEPTION | 14. NEWSPAPERS, MAGAZINES, BROCHURES |
| 6. CO-WORKER                       | 15. RADIO → <b>GO TO Q715</b>        |
| 7. FRIEND, COLLEAGUE, PEER         | 16. TV → <b>GO TO Q715</b>           |
| 8. GYNECOLOGIST                    | 20. OTHER (SPECIFY): _____           |
| 9. GENERAL PRACTITIONER            | 88. DON'T REMEMBER                   |

714. Do you think that information about contraception should be broadcast on radio or television?

1. YES
2. NO
8. DO NOT KNOW

715. Some people use condoms to keep from getting sexual transmitted diseases. How effective do you think a properly used condom is for this purpose? **(READ 1-4)**

1. Very Effective,
2. Somewhat effective,
3. Not effective?
8. DON'T KNOW

716. In the last 12 months have you tried to obtain condoms?

1. YES
2. NO → **GO TO Q718**
3. NEVER HAD SEXUAL PARTNER → **GO TO Q721**
4. DON'T KNOW WHERE TO GET THEM → **GO TO Q718**

716A. In the last 12 months have you succeeded in obtaining condoms?

1. YES
2. NO → **GO TO Q718**

717. In the past 12 months, how often did you have condoms in your possession?

1. ALL THE TIME
2. ALMOST ALL THE TIME
3. SOME OF THE TIME
4. NEVER
8. DON'T REMEMBER

717A. In the last 12 months which brand of condoms did you use most frequently?

- |               |                     |
|---------------|---------------------|
| 1. DUREX      | 10. SILCO           |
| 2. KAMASUTRA  | 11. PROTEX          |
| 3. ROMED      | 12. AROMA           |
| 4. UNIDUS     | 13. MASCULAN        |
| 5. LOVEPLUS   | 14. TAHITI          |
| 6. LIFESTYLES | 15. "FOR YOU"       |
| 7. MANIX      | 16. "FOR YOUR MORE" |
| 8. TENTATION  | 20. OTHER _____     |
| 9. PLAYBOY    | 88. DON'T KNOW      |

**GO TO Q718**

717B. Why couldn't you succeed in obtaining condoms?

1. COULD NOT FIND THEM
2. FOUND THEM, BUT THEY WERE OF BAD QUALITY
3. COST
4. NO TIME TO LOOK FOR THEM
5. IT IS EMBARRASSING TO BUY THEM IN A PHARMACY, CLINIC OR STORE
7. OTHER (SPECIFY) \_\_\_\_\_
8. DON'T REMEMBER

718. Have you ever talked with a partner about you using a condom?

1. YES
2. NO
3. NEVER HAD A SEXUAL PARTNER → **GO TO Q721**
8. DON'T REMEMBER
9. REFUSE

## Appendix D

719. Have you ever suggested to any partner that you use a condom?

1. YES
2. NO → **GO TO Q721**
8. DON'T REMEMBER → **GO TO Q721**
9. REFUSE → **GO TO Q721**

720. Has any of the following ever happened because you did not want to use a condom.....**(READ A-F)**  
**(ANY OF THESE INCIDENTS COULD HAVE HAPPENED MORE THAN ONCE, WITH THE SAME PARTNER OR DIFFERENT PARTNERS)**

	<u><b>YES</b></u>	<u><b>NO</b></u>	<u><b>DK</b></u>	<u><b>REF</b></u>
A. You refused to use a condom?	1	2	8	9
B. You refused to have sexual intercourse with her?	1	2	8	9
C. You threaten to break up with her?	1	2	8	9
D. You shouted at and threatened her?	1	2	8	9
E. You made her have sex anyway without a condom?	1	2	8	9
F. You hit her?	1	2	8	9

721. If your partner/wife wanted you to use a condom when having sex with her, would you feel: **(READ A-E)**

	<u><b>AGREE</b></u>	<u><b>DISAGREE</b></u>	<u><b>DK</b></u>	<u><b>REF</b></u>
A. Angry or insulted?	1	2	8	9
B. Safe from getting pregnant?	1	2	8	9
C. Like you had done something wrong?	1	2	8	9
D. Safe from getting STDs / AIDS?	1	2	8	9
E. Suspicious that she might be sleeping around / promiscuous?	1	2	8	9

722. Please indicate whether you agree or disagree with the following statements about condoms **(READ A-H)**:

	<u><b>AGREE</b></u>	<u><b>DISAGREE</b></u>	<u><b>DK</b></u>	<u><b>REF</b></u>
A. Using condoms with a new partner is a smart idea	1	2	8	9
B. Using condoms is not necessary if you know your partner	1	2	8	9
C. Women should ask their partners to use condoms	1	2	8	9
D. It is easy to discuss using a condom with a prospective partner	1	2	8	9
E. Condoms diminish sexual enjoyment	1	2	8	9
F. Same condoms can be used more than once	1	2	8	9
G. People who use condoms sleep around a lot / promiscuous	1	2	8	9
H. It is embarrassing to ask for condoms in FP clinics or pharmacies	1	2	8	9

723. As far as you know, do any of your friends use condoms?

1. YES
2. NO
8. DON'T KNOW

724. What are your friends' opinions about condoms?

1. GOOD OPINION, FAVOR USE
2. BAD OPINION, DISLIKE
3. OPINIONS VARY - MIXED
8. DON'T KNOW



## VIII. SOCIOECONOMIC CHARACTERISTICS

800. Please tell me whether this household or any member of it has the following items: **(READ A-I):**

	<u>YES</u>	<u>NO</u>
A. Flush Toilet	1	2
B. Heating System	1	2
C. Refrigerator	1	2
D. TV	1	2
E. Working Automobile	1	2
F. VCR	1	2
G. Household Phone	1	2
H. Cellular Phone	1	2
I. Vacation home(villa)	1	2
J. Air Conditioner	1	2
K. Gas or Electric Stove	1	2
L. Personal Computer with Internet Access	1	2
M. Satellite Antenna	1	2

801. Does your family have a garden where you grow your own vegetables?

1. YES
2. NO

802. What is the main source of drinking water for members of your household?

1. PIPED WATER (PIPED INTO RESIDENCE OR YARD → **GO TO Q804**)
2. PIPED WATER (PUBLIC TAP)
3. WELL WATER (RESIDENCE OR YARD) → **GO TO Q804**
4. PUBLIC WELL
5. SURFACE WATER (SPRING, RIVER, POND, LAKE)
6. RAIN WATER → **GO TO Q804**
7. BOTTLED WATER → **GO TO Q804**

803. How long does it take to go to the water source, get water and come back, in minutes? \_\_\_\_ \_ MINUTES

804. Which of the following describes your living arrangements. Do you live: **(READ 1-5)**

1. In your privately owned flat or house,
2. In rented space (room, flat or house),
3. With your immediate family (NO RENT),
4. With other relatives (NO RENT), or
5. With friends (NO RENT)?
7. OTHER (SPECIFY): \_\_\_\_\_

805. How many rooms are occupied by you and your family (excl. bathrooms and kitchen): \_\_\_\_ \_ ROOMS

806. How many hours per day do you have electricity? \_\_\_\_ \_ HOURS

807. What is your ethnic background?

- |                 |                                    |
|-----------------|------------------------------------|
| 1. ALBANIAN     | 5. ALBANIAN FROM KOSOVO            |
| 2. GREEK        | 6. MIXED ETHNICITY (SPECIFY) _____ |
| 3. GYPSY (ROMA) | 7. OTHER (SPECIFY): _____          |
| 4. MAKEDONIAN   | 9. REFUSED/NOT STATED              |

808. What is your religion?

- |   |                                    |
|---|------------------------------------|
| 1. MUSLIM   | 7. OTHER (SPECIFY): _____          |
| 2. ORTHODOX   | 8. NO RELIGION → <b>GO TO Q900</b> |
| 3. CATHOLIC   | 9. UNDECLARED → <b>GO TO Q900</b>  |
| 4. PROTESTANT (BAPTIST, LUTHERAN, PENTECOSTAL, ETC) |                                    |

809. About how often do you usually attend religious services? (READ 1-5)

1. At least once a week
2. At least once a month, but less than once a week
3. Less than once a month
4. Only on religious holidays or special events, or
5. Never

**IX-A. AIDS/STDs**

The next set of questions are about sexually transmitted infections including HIV/ AIDS. For each of the following conditions please tell me if:

CONDITION	900. Have you ever heard of it?	901. Have you ever been tested for...?	902. Have you ever been told that you have...?	903. Did you take any treatment for...?	904. Who treated you for ...? (SEE CODES BELOW)
A. Syphilis	1. YES 2. NO → <b>B</b>	1. YES 2. NO → <b>B</b> 8. DK → <b>B</b>	1. YES 2. NO → <b>B</b> 8. DK/DR → <b>B</b>	1. YES 2. NO → <b>B</b> 8. DK/DR → <b>B</b>	____ _
B. Gonorrhea	1. YES 2. NO → <b>C</b>	1. YES 2. NO → <b>C</b> 8. DK → <b>C</b>	1. YES 2. NO → <b>C</b> 8. DK/DR → <b>C</b>	1. YES 2. NO → <b>C</b> 8. DK/DR → <b>C</b>	____ _
C. Chlamydia	1. YES 2. NO → <b>D</b>	1. YES 2. NO → <b>D</b> 8. DK → <b>D</b>	1. YES 2. NO → <b>D</b> 8. DK/DR → <b>D</b>	1. YES 2. NO → <b>D</b> 8. DK/DR → <b>D</b>	____ _
D. Yeast Infection	1. YES 2. NO → <b>E</b>	1. YES 2. NO → <b>E</b> 8. DK → <b>E</b>	1. YES 2. NO → <b>E</b> 8. DK/DR → <b>E</b>	1. YES 2. NO → <b>E</b> 8. DK/DR → <b>E</b>	____ _
E. Genital Herpes	1. YES 2. NO → <b>F</b>	1. YES 2. NO → <b>F</b> 8. DK → <b>F</b>	1. YES 2. NO → <b>F</b> 8. DK/DR → <b>F</b>	1. YES 2. NO → <b>F</b> 8. DK/DR → <b>F</b>	____ _
F. Genital Warts	1. YES 2. NO → <b>G</b>	1. YES 2. NO → <b>G</b> 8. DK → <b>G</b>	1. YES 2. NO → <b>G</b> 8. DK/DR → <b>G</b>	1. YES 2. NO → <b>G</b> 8. DK/DR → <b>G</b>	____ _
G. Trichomoniasis	1. YES 2. NO → <b>H</b>	1. YES 2. NO → <b>H</b> 8. DK → <b>H</b>	1. YES 2. NO → <b>H</b> 8. DK/DR → <b>H</b>	1. YES 2. NO → <b>H</b> 8. DK/DR → <b>H</b>	____ _
H. HIV / AIDS	1. YES 2. NO → <b>Q905</b>	1. YES → <b>Q905</b> 2. NO → <b>Q905</b> 8. DK → <b>Q905</b>			

**CODES FOR Q904:**

- |                               |                      |
|-------------------------------|----------------------|
| 1. OB/GYN                     | 7. PARTNER           |
| 2. FAMILY DOCTOR/GP           | 8. FRIEND/RELATIVE   |
| 3. DERMATOLOG                 | 9. SELF-TREATMENT    |
| 4. INFECTIOUS DISEASES DOCTOR | 20. OTHER: _____     |
| 5. NURSE/MIDWIFE              | 99. REFUSE TO ANSWER |
| 6. PHARMACIST                 |                      |

905. If a man has a sexually transmitted disease, what symptoms might he have?  
(RECORD ALL MENTIONED, DO NOT READ LIST)

	<u>MENTIONED</u>	<u>NOT MENTIONED</u>
A. ABDOMINAL PAIN	1	2
B. DISCHARGE FROM PENIS	1	2
C. FOUL SMELLING DISCHARGE	1	2
D. BURNING PAIN ON URINATION	1	2
E. REDNESS/INFLAMMATION IN GENITAL AREA	1	2
F. SWELLING IN GENITAL AREA	1	2
G. GENITAL SORES/ULCERS OR WARTS	1	2
H. GENITAL ITCHING	1	2
I. WEIGHT LOSS	1	2
J. HARD TO GET PREGNANT/HAVE A CHILD	1	2

906. Do you know a place where you could get an HIV/AIDS test?

1. YES
2. NO

907. In general, what has been your most important source of information about STDs including AIDS?  
(Where or from whom have you learned the most about STDs?)

- |                                |  |
|--------------------------------|--|
| 1. MOTHER                      | 11. FAMILY DOCTOR, GP                        |
| 2. FATHER                      | 12. NURSE, MIDWIFE, FELDCHER                 |
| 3. OTHER RELATIVE              | 13. TEACHER                                  |
| 4. GIRLFRIEND                  | 14. PHARMACIST                               |
| 5. WIFE, PARTNER               | 15. SPECIALITY BOOKS                         |
| 6. SOMEBODY WHO HAD STDs       | 16. NEWSPAPERS, MAGAZINES, BROCHURES         |
| 7. FRIENDS COLLEAGUES, PEERS   | 17. RADIO                                    |
| 8. OB/GYN DOCTOR               | 18. TV                                       |
| 9. DERMATOLOGIST               | 20. OTHER (SPECIFY): _____                   |
| 10. INFECTIOUS DISEASES DOCTOR | 77. NEVER HEARD OF ANY STDs (Q900_A - H = 2) |
|                                | 99. DR/REF.                                  |

908. In the past 6 months, have you seen or heard any public announcements or ads on television or radio about:  
(READ A-D, PROBE FOR BOTH)

	<u>YES, RADIO</u>	<u>YES, TV</u>	<u>YES, BOTH</u>	<u>NO</u>	<u>DO NOT REMEMBER</u>
A. AIDS	1	2	3	4	8
B. Other STDs	1	2	3	4	8
C. Condoms	1	2	3	4	8
D. Modern contraceptive methods	1	2	3	4	8

**IF Q900\_H =2 (NEVER HEARD OF HIV/AIDS) GO TO Q914; ELSE CONTINUE**

909. Do you think that a person can be infected with the HIV virus but have no symptoms of disease?

1. YES
2. NO
8. DK

910. Please tell me whether you think that the AIDS virus can be transmitted in the following ways? (READ A-M)

	<u>YES</u>	<u>NO</u>	<u>DK</u>
A. Through blood transfusion	1	2	8
B. Using public toilets	1	2	8
C. Through kissing	1	2	8
D. Through unprotected sexual intercourse between a man and a woman	1	2	8
E. Through unprotected sexual intercourse between men	1	2	8
F. By shaking hands	1	2	8
G. Using non-sterile syringes or needles	1	2	8
H. Through mosquito bites	1	2	8
I. Sharing plates, forks, or glasses with someone who has HIV/AIDS	1	2	8
J. From a woman who has the AIDS virus to her baby during pregnancy/delivery	1	2	8
K. From a mother to her child through breast milk	1	2	8
L. Getting a manicure, pedicure or haircut	1	2	8
M. Having dental or surgical treatment	1	2	8

## Appendix D

911. What can a person do to reduce the risk of getting AIDS?

	SPONTANEOUS	PROBED		
	<u>YES</u>	<u>YES</u>	<u>NO</u>	<u>DK</u>
A. USE CONDOMS	1	3	4	8
B. ABSTAIN FROM SEX	1	3	4	8
C. HAVE ONLY ONE PARTNE/STAY FAITHFUL TO ONE PARTNER	1	3	4	8
D. LIMIT NUMBER OF SEXUAL PARTNERS	1	3	4	8
E. AVOID SEX WITH PROSTITUTES	1	3	4	8
F. AVOID SEX WITH BISEXUALS	1	3	4	8
G. DO NOT DONATE BLOOD	1	3	4	8
H. AVOID TRANSFUSIONS	1	3	4	8
I. ASK PARTNER TO GET BLOOD TESTED FOR AIDS	1	3	4	8
J. STERILIZE NEEDLES AND SYRINGES	1	3	4	8
K. DO NOT SHARE RAZORS/BLADES, NEEDLES OR SYRINGES	1	3	4	8
L. OTHER (SPECIFY) _____	1	3	4	8

912. How much of a risk do you think you personally have of getting HIV/AIDS? Would you say you are at (READ 1-4):

1. Great risk,
2. Moderate Risk,
3. Little risk, or
4. No risk at all → **GO TO Q913A**
8. DON'T KNOW → **GO TO Q913B**

913. Why do you think you have any risk of getting AIDS?

1. RECEIVED BLOOD TRANSFUSIONS/BLOOD PRODUCTS
2. HAD MANY SEXUAL PARTNERS/ TRADED SEX FOR MONEY
3. HAD UNPROTECTED INTERCOURSE WITH CASUAL PARTNER(S)
4. USED IV DRUGS/SHARED NEEDLES
5. PARTNER HAD/HAS SEX WITH OTHER WOMEN
6. HE MAY GET INFECTED WHILE RECEIVING MEDICAL OR DENTAL TREATMENT
7. HE MAY GET INFECTED GETTING A HAIRCUT
8. OTHER (SPECIFY) \_\_\_\_\_
9. DK/REF

<b>GO TO Q913B</b>
--------------------

913A. Why do you think you have no risk of getting AIDS?

1. ONLY ONE PARTNER
2. NO SEXUAL RELATIONS
3. USES CONDOMS
4. CONFIDENCE IN PARTNER
5. DOES NOT GET/NEED TRANSFUSIONS
6. DOES NOT SHARE NEEDLES
7. OTHER (SPECIFY) \_\_\_\_\_
9. DK/REF

913B. How much of a risk do you think you personally have of getting other STD? Would you say you are at (READ 1-4):

1. Great risk,
2. Moderate Risk,
3. Little risk, or
4. No risk at all
8. DON'T KNOW

---

913C. In your opinion, it is common for unmarried man to have multiple sexual partners?

1. YES - COMMON
2. NO – NOT COMMON
8. DR/REF

913D. In your opinion, it is common for married man to have multiple sexual partners?

1. YES - COMMON
2. NO – NOT COMMON
8. DR/REF

913E. In your opinion, it is common for unmarried man to have sexual relations with prostitutes?

1. YES - COMMON
2. NO – NOT COMMON
8. DR/REF

913F. In your opinion, it is common for married man to have sexual relations with prostitutes?

1. YES - COMMON
2. NO – NOT COMMON
8. DR/REF

913G. As far as you know, is there is a cure for AIDS?

1. YES
2. NO
8. DR/REF

## IX-B VIOLENCE

914. Thinking back to your childhood and adolescence, did you ever see or hear your parents or step-parents physically abuse each other?

1. YES
2. NO
3. DID NOT LIVE WITH BOTH PARENTS → **GO TO Q916**
8. DR/REF

915. As a child, have you ever being beaten or physically mistreated in any way by anyone in your family?

1. YES
2. NO
8. DR/REF

916. **THE INTERVIEWER SHOULD GO BACK TO PAGE 3 AND RECORD HOW MANY TIMES THIS MAN HAS EVER LIVED WITH A WOMAN AS HUSBAND AND WIFE (SEE Q111):**

**\_\_\_ TIMES ---- → IF "0" GO TO Q936 ; ELSE > 0 CONTINUE**

The next set of questions is about violence and physical abuse that may have happened between you and a partner or ex-partner. When we say a partner we mean a wife, ex-wife, as well as any other woman you have lived with as husband and wife.

<b>918. Please tell me if you have ever (READ A-H):</b>		<b>919. When was the last time you (READ A-H) your partner?</b>	<b>920. During the last year, how many times did you (A-H) your partner?</b>
A. Insulted or swore at partner?	1. YES → <b>Q919</b> 2. NO- → <b>Q918_B</b> 8. DK- → <b>Q918_B</b> 9. REF → <b>Q918_B</b>	1. WITHIN THE LAST YEAR → <b>Q920</b> 2. 1-3 YEARS AGO → <b>Q918_B</b> 3. 4-5 YEARS AGO → <b>Q918_B</b> 4. 5 YEARS AGO OR MORE → <b>Q918_B</b>	66. ALMOST DAILY 77. WEEKLY ___ TIMES 88. DON'T REMEMBER 99. REFUSES
B. Threatened to hurt her or anyone she cares about?	1. YES → <b>Q919</b> 2. NO- → <b>Q918_C</b> 8. DK- → <b>Q918_C</b> 9. REF → <b>Q918_C</b>	1. WITHIN THE LAST YEAR → <b>Q920</b> 2. 1-3 YEARS AGO → <b>Q918_C</b> 3. 4-5 YEARS AGO → <b>Q918_C</b> 4. 5 YEARS AGO OR MORE → <b>Q918_C</b>	66. ALMOST DAILY 77. WEEKLY ___ TIMES 88. DON'T REMEMBER 99. REFUSES
C. Pushed, shook, shoved her, or threw something at your partner?	1. YES → <b>Q919</b> 2. NO- → <b>Q918_D</b> 8. DK- → <b>Q918_D</b> 9. REF → <b>Q918_D</b>	1. WITHIN THE LAST YEAR → <b>Q920</b> 2. 1-3 YEARS AGO → <b>Q918_D</b> 3. 4-5 YEARS AGO → <b>Q918_D</b> 4. 5 YEARS AGO OR MORE → <b>Q918_D</b>	66. ALMOST DAILY 77. WEEKLY ___ TIMES 88. DON'T REMEMBER 99. REFUSES
D. Slapped or twisted your partner's arm?	1. YES → <b>Q919</b> 2. NO- → <b>Q918_E</b> 8. DK- → <b>Q918_E</b> 9. REF → <b>Q918_E</b>	1. WITHIN THE LAST YEAR → <b>Q920</b> 2. 1-3 YEARS AGO → <b>Q918_E</b> 3. 4-5 YEARS AGO → <b>Q918_E</b> 4. 5 YEARS AGO OR MORE- → <b>Q918_E</b>	66. ALMOST DAILY 77. WEEKLY ___ TIMES 88. DON'T REMEMBER 99. REFUSES
E. Hit her with your fist or with something else?	1. YES → <b>Q919</b> 2. NO- → <b>Q918_F</b> 8. DK- → <b>Q918_F</b> 9. REF → <b>Q918_F</b>	1. WITHIN THE LAST YEAR → <b>Q920</b> 2. 1-3 YEARS AGO → <b>Q918_F</b> 3. 4-5 YEARS AGO → <b>Q918_F</b> 4. 5 YEARS AGO OR MORE → <b>Q918_F</b>	66. ALMOST DAILY 77. WEEKLY ___ TIMES 88. DON'T REMEMBER 99. REFUSES
F. Threatened her with a knife or other weapon?	1. YES → <b>Q919</b> 2. NO- → <b>Q918_G</b> 8. DK- → <b>Q918_G</b> 9. REF → <b>Q918_G</b>	1. WITHIN THE LAST YEAR → <b>Q920</b> 2. 1-3 YEARS AGO → <b>Q918_G</b> 3. 4-5 YEARS AGO → <b>Q918_G</b> 4. 5 YEARS AGO OR MORE → <b>Q918_G</b>	66. ALMOST DAILY 77. WEEKLY ___ TIMES 88. DON'T REMEMBER 99. REFUSES
G. Kicked, choked or beaten your partner?	1. YES → <b>Q919</b> 2. NO- → <b>Q918_H</b> 8. DK- → <b>Q918_H</b> 9. REF → <b>Q918_H</b>	1. WITHIN THE LAST YEAR → <b>Q920</b> 2. 1-3 YEARS AGO → <b>Q918_H</b> 3. 4-5 YEARS AGO → <b>Q918_H</b> 4. 5 YEARS AGO OR MORE → <b>Q918_H</b>	66. ALMOST DAILY 77. WEEKLY ___ TIMES 88. DON'T REMEMBER 99. REFUSES
H. Physically forced her to have sexual relations even though she did not want to?	1. YES → <b>Q919</b> 2. NO- → <b>BOX 9-I</b> 8. DK- → <b>BOX 9-I</b> 9. REF → <b>BOX 9-I</b>	1. WITHIN THE LAST YEAR → <b>Q920</b> 2. 1-3 YEARS AGO → <b>BOX 9-I</b> 3. 4-5 YEARS AGO → <b>BOX9-I</b> 4. 5 YEARS AGO OR MORE → <b>BOX 9-I</b>	66. ALMOST DAILY 77. WEEKLY ___ TIMES 88. DON'T REMEMBER 99. REFUSES

### BOX 9-I

**IF ALL Q918 (A-H) >1 (NEVER CAUSED ANY TYPE OF ABUSE) GO TO Q936; ELSE CONTINUE**

921. You told me before that you lived with \_\_\_\_ partners (**RECORD THE NUMBER OF PARTNERS FROM Q916**). **Which of these partners has physically you abused as you have just mentioned? MARK THE PARTNER(S) NUMBER FROM THE UNION TABLE AT PAGE 3 (ALLOW FOR MULTIPLE RESPONSES):**

I. \_\_\_\_  
II. \_\_\_\_  
III. \_\_\_\_  
IV. \_\_\_\_

**BOX 9-II**

**IF ANY PHYSICAL VIOLENCE TOOK PLACE DURING THE LAST YEAR (ANY Q919\_C - H = 1) CONTINUE;  
IF ANY PHYSICAL VIOLENCE TOOK PLACE MORE THAN ONE YEAR AGO (ANY Q919\_C - H > 1) GO TO Q925;  
IF RESPONDENT INFLICTED ONLY VERBAL VIOLENCE (Q918\_C - H > 1) THEN GO TO Q936**

922. In the past 12 months, did you cause your partner any swelling, bruises, cuts, or other physical injuries as a result of this/these incident(s)?
1. YES
  2. NO → GO TO Q925
  8. DON'T REMEMBER → GO TO Q925
923. In the past 12 months, did your partner see a doctor, or other medical care provider for medical treatment of these injuries?
1. YES
  2. NO → GO TO Q925
  8. DO NOT REMEMBER → GO TO Q925
924. Did this(these) injury(ies) require hospitalization?
1. YES
  2. NO
  8. DO NOT REMEMBER
925. During or after a violent incident, did you want to have sexual relations with your partner sometimes, always, or never?
1. YES, SOMETIMES
  2. YES, ALWAYS
  3. NO, NEVER
  8. DO NOT REMEMBER/REFUSE
  9. REFUSED
926. Do you believe that violence incidents affected her health?
1. YES
  2. NO
  8. DO NOT KNOW
  9. REFUSED

**IF RESPONDENT HAS NEVER HAD CHILD(REN), GO TO 930; OTHERWISE CONTINUE**

928. Would you say that this violence has affected your child(ren)?
1. YES
  2. NO → GO TO Q930
  8. NOT SURE → GO TO Q930

929. Please tell me if your child(ren) were affected in the following ways (READ A—F):

	<u>YES</u>	<u>NO</u>
A. Witnessed violence	1	2
B. Children living in fear	1	2
C. Children injured too	1	2
D. Children left home, live with relative	1	2
E. Decreased Learning abilities	1	2
F. Other (specify) _____	1	2

930. Did she talk to anyone about this(these) incidents of violence?

1. YES

2. NO → **GO TO Q932**

931. Who did she talk with? (**MARK ALL MENTIONED AND PROBE FOR ANYONE ELSE**)?

	<u>MENTIONED</u>	<u>NOT MENTIONED</u>
A. HER MOTHER	1	2
B. OTHER RELATIVE	1	2
C. YOUR (RESPONENT'S) FAMILY	1	2
D. CHILDREN	1	2
E. FRIEND	1	2
F. NEIGHBOR	1	2
G. DOCTOR/HEALTH PROVIDER/SOCIAL WORKER	1	2
H. POLICE	1	2
I. LEGAL ADVISER	1	2

**IF Q931\_G , H, OR I = 1, GO TO Q933; ELSE CONTINUE**

932. What is the main reason your partner have never sought any medical or legal help?

1. DID NOT KNOW WHERE TO SEEK HELP
2. NO USE/WOULD NOT DO ANY GOOD
3. EMBARRASSED
4. AFRAID OF MORE BEATINGS/BEING PUNISHED
5. AFRAID OF DIVORCE/END OF RELATIONSHIP
6. AFRAID OF LOOSING THE CHILDREN
7. THOUGHT WOULD NOT BE TAKEN SERIOUSLY/NOT BELIEVED/LAUGHED AT
8. VIOLENCE IS NORMAL/NO NEED TO COMPLAIN
9. THOUGHT SHE WOULD BE BLAMED
10. BRING BAD NAME TO FAMILY
20. OTHER \_\_\_\_\_
88. DK/REF

933. Did anyone intervene or try to stop the violence? (**MARK ALL MENTIONED AND PROBE FOR ANYONE ELSE**)?

	<u>MENTIONED</u>	<u>NOT MENTIONED</u>
A. YOUR MOTHER	1	2
B. OTHER RELATIVE	1	2
C. WIFE'S (PARTNER'S) FAMILY	1	2
D. CHILDREN	1	2
E. FRIEND	1	2
F. NEIGHBOR	1	2
G. DOCTOR/HEALTH PROVIDER/SOCIAL WORKER	1	2
H. POLICE	1	2
I. LEGAL ADVISER	1	2



934. Could you tell me a little more about what usually happens when you are/were violent. Are there any particular situations that make you violent? (**CIRCLE ALL THAT APPLY PROBING “ANY OTHER...”**)

	<b><u>MENTIONED</u></b>	<b><u>NOT MENTIONED</u></b>
A. WHEN DRUNK	1	2
B. WHEN SHE DOES NOT LOOK AFTER CHILDREN	1	2
C. WHEN THE FAMILY HAS MONEY TROUBLES	1	2
D. WHEN YOU ARE UNEMPLOYED	1	2
E. WHEN SHE IS UNEMPLOYED/HAS NO INCOME	1	2
F. WHEN THERE ARE FAMILY PROBLEMS/MOTHER-IN-LAW PROBLEMS	1	2
G. WHEN YOU ARE JEALOUS	1	2
H. WHEN SHE IS PREGNANT	1	2
I. WHEN HE CANNOT GET ALCOHOL/DRUGS	1	2
J. WHEN HE DOES NOT HAVE FOOD AT HOME (DINNER NOT READY)	1	2
K. WHEN HE ACTS ACCORDING TO THE “KANUN”	1	2
L. OTHER _____	1	2

936. Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations (READ A—H):

	<b><u>YES</u></b>	<b><u>NO</u></b>	<b><u>DK</u></b>
A. If she goes out without telling him?	1	2	8
B. If she neglects the children?	1	2	8
C. If she argues with him?	1	2	8
D. If she refuses to have sex with him?	1	2	8
E. If he is not happy with her household work or food provisions?	1	2	8
F. If she asks him whether he has other girlfriends?	1	2	8
G. If he finds out that she has been unfaithful?	1	2	8
H. If she dresses too sexy or spends too much on her “look”?	1	2	8

940. **THANK THE MAN FOR GIVING HIS TIME AND RECORD THE TIME THE INTERVIEW ENDED :**  
**TIME INTERVIEW ENDED** \_\_\_\_\_ : \_\_\_\_\_

